

Drug Courts

Program Evaluation Report



Division of Fiscal and Program Analysis

November 9, 2018





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Executive Summary

Overview

Since the first drug court began operation in the United States in 1989, problem-solving courts have become a key part of the criminal justice system. There are more than 3,100 problem-solving courts in the United States, of which about half are adult treatment drug courts. South Dakota currently has ten drug courts, including two drug courts with a DUI track. This program evaluation looks at national best practices and standards, recidivism rates of participants after exiting drug court, and the costs associated with the South Dakota drug court program.

Research Questions

The Executive Board of the State Legislature, in accordance with South Dakota Codified Law (SDCL) 2-9-4, directed the Legislative Research Council's Division of Fiscal and Program Analysis to evaluate South Dakota drug courts. The Executive Board approved the following research questions:

1. Do South Dakota's drug courts align with national best practices and standards?
2. Are South Dakota's drug courts reducing recidivism for participants after exiting the drug court program?
3. Are South Dakota's drug courts cost-effective?

Findings

The evaluation makes the following findings:

1. Drug courts' fidelity self-assessments are completed quickly and without supporting documentation.
2. Drug court and DUI court expenditures are not tracked separately.

Recommendations

The following recommendations are suggestions for future analysis, evaluations, or ideas for consideration. The recommendations align with the research questions explored in this evaluation:

- Utilize national fidelity tool when it becomes available and evaluate adherence to best practices and standards;
- Complete post-entry recidivism analysis;
- Conduct post-program follow-up and initial recidivism analysis;
- Analyze the effect of some exposure to drug court on recidivism;
- Analyze participants who abscond within the first 30 days of the drug court program;
- All problem-solving court expenditures should be coded to separate cost centers; and
- Conduct an evaluation of treatment within the State's drug court programs

Conclusions

The following conclusions answer the research questions presented in this evaluation:

- Drug courts have a fidelity monitoring process in place;
- Drug court graduation is an influential predictor of reduced post-program recidivism;
- The recidivism outcome of the drug court program varies across the State;
- Drug courts work: They reduce recidivism when compared to conventional prison/parole; and
- Drug courts are cost effective when compared to standard incarceration.

Introduction

In the 1980s, the number of drug arrests increased dramatically, resulting in an increased proportion of drug offenders in correctional facilities.¹ The initial response to the growing threat of drugs was to redefine criminal codes and increase penalties.² Increasing populations of drug offenders in jails and prisons impacted available space to house violent and career offenders without addressing any underlying problems of addiction.

The 11th Judicial Circuit in Florida took an innovative approach to curb drug abuse and address prison overcrowding by combining treatment with the structure of the judicial system.³ They created the first drug court. Over the past three decades, drug courts across the nation have adapted to create the model used today. This model provides three primary goals:

1. Reduce recidivism;
2. Reduce substance abuse among participants; and
3. Rehabilitate participants.

Florida implemented the first drug court in 1989; in 2007, South Dakota was the last state to implement a drug court. While the term “drug court” is widely used, the core intention behind the court's function is to be a problem-solving court, which addresses specific issues with resources to address the needs of unique target populations.⁴ Other problem-solving courts include driving under the influence (DUI), veterans, and mental health courts.

There are more than 3,100 problem-solving courts in the United States, of which approximately half are adult treatment drug courts.⁵ Their prevalence may continue to grow since President Donald Trump's opioid crisis commission recommended the expansion of drug courts to help steer addicts to treatment instead of prison.⁶ As the opioid crisis continues to have devastating effects on communities throughout the country, South Dakota also faces a methamphetamine epidemic.⁷ The drug court program can be an effective solution for drug-involved offenders.

Purpose and Scope

The Executive Board of the State Legislature, in accordance with South Dakota Codified Law (SDCL) 2-9-4, directed the Legislative Research Council's Division of Fiscal and Program Analysis to evaluate South Dakota drug courts.

The evaluation stems from the following research questions:

1. Do South Dakota's drug courts align with national best practices and standards?
2. Are South Dakota's drug courts reducing recidivism for participants after exiting the drug court program?
3. Are South Dakota's drug courts cost-effective?

¹ Bureau of Justice Statistics, *Drugs, Crime, and the Justice System: A National Report from the Bureau of Justice Statistics* 195, 1992.

² Unified Judicial System (UJS), *Expansion Evaluation of South Dakota Drug Courts*, 2009.

³ National Association of Drug Court Professionals, *Drug Court History*, 2009.

⁴ Jerome Eckrich & Roland Loundenburg, "Answering the Call: Drug Courts in South Dakota" *South Dakota Law Review* 57, no. 171 (2012).

⁵ United States Department of Justice, *Drug Courts*, May 2017.

⁶ Dennis Thompson, "Drug Courts Key to New White House Opioid Strategy" *HealthDay*, November 1, 2017.

⁷ South Dakota Attorney General Marty Jackley used the term "methamphetamine epidemic" to describe the current drug situation; Marty Jackley, *Attorney General Jackley's Bills to Strengthen Meth Laws Pass Senate Judiciary Committee*, February 8, 2018. <https://atg.sd.gov/OurOffice/Media/pressreleasesdetail.aspx?id=1962>

The evaluators collected and analyzed data from numerous sources including:

- Interviews with Unified Judicial System staff;
- Reviews of policies and procedures for drug courts;
- Observations at Northern Hills Drug Court, Stanley County Drug Court, Huron Drug Court, and Sioux Falls Drug Court;
- Analyses of post-program data; and
- Reviews of literature.

Background

Drug Court History

In 2005, the Unified Judicial System (UJS) formed a volunteer steering committee to explore the possibility of creating a drug court in South Dakota's Fourth Circuit.⁸ During the 2007 Legislative Session, House Bill 1271 passed, appropriating \$212,193 in general funds and creating three full time equivalent positions (FTE) to establish a drug court program in UJS.⁹ A grant from the U.S. Bureau of Justice Assistance provided seventy-five percent of the funding for the next two years and required the State to match twenty-five percent.¹⁰ With adequate funding, the Northern Hills Drug Court was established in the Fourth Judicial Circuit as the first drug court program in South Dakota.

During the 2008 Legislative Session, Senate Bill 109 passed, appropriating \$176,596 in federal funds, \$59,715 in general funds (the required twenty-five percent state match), and \$30,800 in other funds.¹¹ The Legislature took the Northern Hills Drug Court off pilot status and included it in the base budget of UJS starting in Fiscal Year 2011.

The 6th Circuit DUI Court was added in 2008 and the 2nd Circuit Drug Court began operation in 2010. Senate Bill 70, titled as the Public Safety Improvement Act, passed during the 2013 Legislative Session and offered significant criminal justice reform in South Dakota.¹² One result of Senate Bill 70, was the expansion of the drug court program. From 2013 to 2016, seven drug courts were added (see Figure A).

Figure A. Drug Court Timeline							
2007	2008	2010	2012	2013	2014	2015	2016
Northern Hills	*6th Circuit	2nd Circuit		Yankton	Watertown	Beadle	Brookings
				*Davison		Brown	Pennington

* Drug Court and DUI Court

⁸ Jerome Eckrich & Roland Loundenburg, "Answering the Call: Drug Courts in South Dakota" *South Dakota Law Review* 57, no. 171 (2012).

⁹ HB 1271, 82nd Legislative Assembly (SD 2007), *An Act to create a drug court program in the Unified Judicial System and make an appropriation therefor*. <http://sdlegislature.gov/sessions/2007/bills/HB1271enr.pdf>

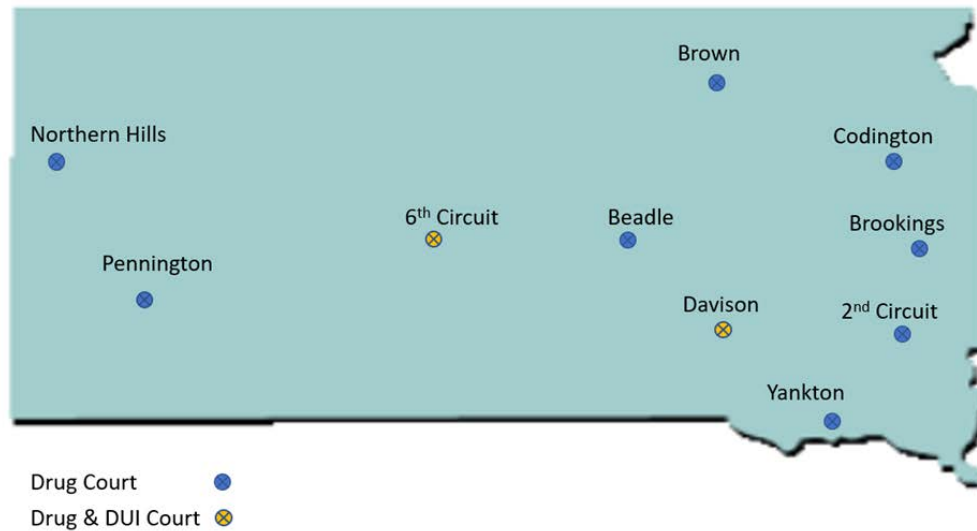
¹⁰ Unified Judicial System (UJS), *Expansion Evaluation of South Dakota Drug Courts*, 2009.

¹¹ SB 109, 83rd Legislative Assembly (SD 2008), *An Act to authorize the Fourth Circuit drug court program in the Unified Judicial System, to make an appropriation therefor, and to declare an emergency*. <http://sdlegislature.gov/docs/legsession/2008/Bills/SB109ENR.pdf>

¹² SB 70, 88th Legislative Assembly (SD 2013), *An Act to improve public safety*. <http://sdlegislature.gov/docs/legsession/2013/Bills/SB70ENR.pdf>; The drug court portion of the Public Safety Improvement Act can be found in SDCL 16-22-2 to SDCL 16-22-7, inclusive.

South Dakota currently has ten drug courts, including two drug courts with a DUI track (see Figure B). In addition, the State has other problem-solving courts: DUI, veterans, and a mental health court that will begin operation in 2019.

Figure B. South Dakota Drug Court Map



Goals of Drug Court

UJS has the following goals outlined on their website:

1. Reduce substance abuse and recidivism rates among targeted offenders;
2. Increase public safety by integrating the criminal justice system with treatment systems and community resources;
3. Reduce reliance upon incarceration as a means of dealing with substance abuse issues; and
4. Increase the number of offenders able to work, parent, and participate in the community.¹³

Eligibility Standards

Drug courts focus on high-risk, high-need adult felony offenders.¹⁴ "The typical defendant could be described as having one foot in the penitentiary and participation in the drug court program is the only remaining alternative to a prison term."¹⁵

The following criteria determine minimum eligibility standards for participants in South Dakota drug court programs:

1. Provide services for felony offenders over the age of 18;
2. Only accept candidates who are willing to participate in the drug court program on a voluntary basis;
3. Exclude any person seeking to enter drug court based on a present conviction for the distribution of a controlled substance;

¹³South Dakota Unified Judicial System, *Drug Treatment Courts*. https://ujs.sd.gov/Circuit_Court/Drug_Court/

¹⁴ High risk, high need is determined by a risk-needs assessment and clinical assessment that each participant must complete prior to acceptance into the program.

¹⁵ Jerome Eckrich & Roland Loundenburg. "Answering the Call: Drug Courts in South Dakota" *South Dakota Law Review* 57, no. 171 (2012).

4. Exclude any person currently required to register as a sex offender;
5. Exclude any candidate who has a violent offense conviction as defined by SDCL 22-1-2(9);
6. Target offenders who have fewer than seven lifetime convictions for driving under the influence unless otherwise determined appropriate by the local drug court team;
7. Target offenders for admission who have been assessed for eligibility using a validated risk-needs assessment tool and a validated clinical assessment tool, who are addicted to illicit drugs or alcohol and are at substantial risk for reoffending or failing to complete a less intensive disposition, such as standard probation or pretrial supervision;
8. Require offenders to pass a legal screening for entry into the drug court program conducted by the prosecutor with jurisdiction over the offense;
9. Not exclude candidates from participation solely because of the existence of a co-occurring disorder or other medical condition; and
10. Adopt residency restrictions that allow for intensive supervision in that locality.¹⁶

Referral Process

An individual who meets the eligibility criteria may apply for and potentially be accepted into the drug court program as follows:

1. States Attorney completes legal screen for drug court;
2. Defendant completes the drug court application and the application interview;
3. Defendant completes a drug and alcohol assessment and Level of Service Inventory – Revised (LSI-R) risk/needs assessment;
4. Defense attorney provides discovery and evaluation to the drug court office/Coordinator;
5. Team discusses and either approves or denies the application;
6. If accepted, drug court becomes the sentencing option; and
7. The approved participant is sentenced to probation with drug court as a condition.¹⁷

Clinical Phases of Drug Court

Drug Court has five clinical phases through which each participant must pass before graduating the program:

Phase I	Acute Stabilization
Phase II	Clinical Stabilization
Phase III	Pro-Social Habilitation
Phase VI	Adaptive Habilitation
Phase V	Continuing Care

Each phase has a specific set of characteristics and a minimum timeframe to which each participant must adhere before advancing to the next stage of the program. Participants do not all move to the next phase automatically. Each participant's team makes its own assessments of progress and presents the information to the judge. During a court proceeding each participant has the opportunity to speak with the judge. An advancement through any stage of the program is a significant achievement on the participant's path to recovery (see Appendix A).¹⁸

¹⁶ The drug court team is comprised of representatives from all partner agencies, including but not limited to a judge, prosecutor, defense counsel, treatment representative, program manager, court service officer, and law enforcement; Supreme Court of the State of South Dakota IP Rule 2016-03.

¹⁷ LSI-R Score is a quantitative survey of offender attributes and their situations relevant to level of supervision and treatment decisions.

¹⁸ National Drug Court Institute, *Sample Phases of Drug Court*.

Drug Court Participant Characteristics

The following figures display drug court participants' age, gender, drug of choice, and ethnicity. The largest age group that drug courts serve is 22 to 30-year-olds, followed by 31 to 40-year-olds. Females comprise 56% of participants, and 44% are males. Methamphetamine is the drug of choice for 63.3% of drug court participants. Opioids are the next most identified drug of choice at 12.8%. Caucasians comprise 74% of participants, and 21% are Native American. The current adult prison population for the Department of Corrections is comprised of 54.5% Caucasian, 33.8% Native Americans, 7.5% African Americans, and 4.3% Hispanic and other.¹⁹

Figure C. Age

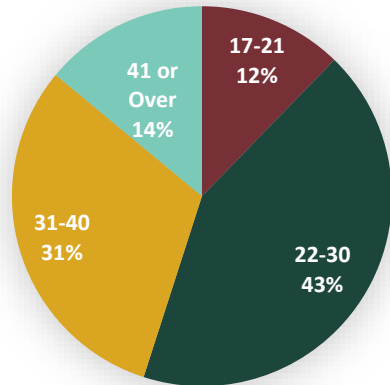


Figure D. Gender

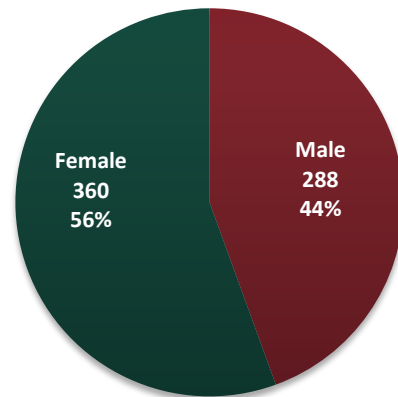


Figure E. Drug of Choice

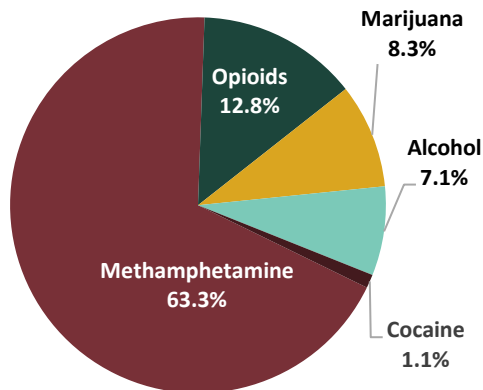
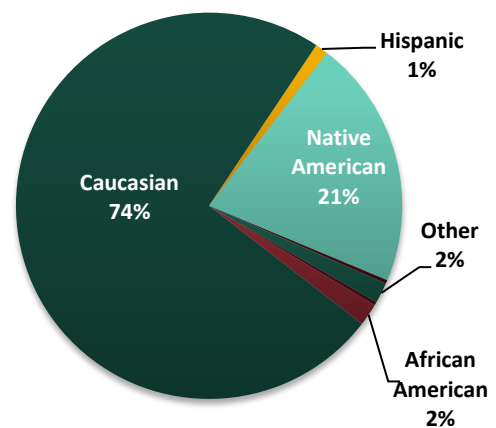


Figure F. Ethnicity



¹⁹DOC population as of October 1, 2018.

Research Question 1: Do South Dakota Drug Courts Align with National Best Practices and Standards?

Adult Drug Court Ten Best Practice Standards	
I.	TARGET POPULATION
	Eligibility and exclusion criteria for the Drug Court are predicated on empirical evidence indicating which types of offenders can be treated safely and effectively in Drug Courts. Candidates are evaluated for admission to the Drug Court using evidence-based assessment tools and procedures.
II.	HISTORICALLY DISADVANTAGED GROUPS
	Citizens who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status receive the same opportunities as other citizens to participate and succeed in the Drug Court.
III.	ROLES AND RESPONSIBILITIES OF THE JUDGE
	The Drug Court judge stays abreast of current law and research on best practices in Drug Courts, participates regularly in team meetings, interacts frequently and respectfully with participants, and gives due consideration to the input of other team members.
IV.	INCENTIVES, SANCTIONS, AND THERAPEUTIC ADJUSTMENTS
	Consequences for participants' behavior are predictable, fair, consistent, and administered in accordance with evidence-based principles of effective behavior modification.
V.	SUBSTANCE ABUSE TREATMENT
	Participants receive substance abuse treatment based on a standardized assessment of their treatment needs. Substance abuse treatment is not provided to reward desired behaviors, punish infractions, or serve other nonclinically indicated goals. Treatment providers are trained and supervised to deliver a continuum of evidence-based interventions that are documented in treatment manuals.
VI.	COMPLEMENTARY TREATMENT AND SOCIAL SERVICES
	Participants receive complementary treatment and social services for conditions that co-occur with substance abuse and are likely to interfere with their compliance in Drug Court, increase criminal recidivism, or diminish treatment gains.
VII.	DRUG AND ALCOHOL TESTING
	Drug and alcohol testing provide an accurate, timely, and comprehensive assessment of unauthorized substance use throughout participants' enrollment in the Drug Court.
VIII.	MULTIDISCIPLINARY TEAM
	A dedicated multidisciplinary team of professionals manages the day-to-day operations of the Drug Court, including reviewing participant progress during pre-court staff meetings and status hearings, contributing observations and recommendations within team members' respective areas of expertise, and delivering or overseeing the delivery of legal, treatment and supervision services.
IX.	CENSUS AND CASELOAD
	The Drug Court serves as many eligible individuals as practicable while maintaining continuous fidelity to best practice standards.
X.	MONITORING AND EVALUATION
	The Drug Court routinely monitors its adherence to best practice standards and employs scientifically valid and reliable procedures to evaluate its effectiveness.

Figure 1.1: NADCP Best Practices and Standards

Best Practices and Standards

In 2013, The National Association of Drug Court Professionals (NADCP) published Adult Drug Court Best Practices and Standards.²⁰ The NADCP defines ten national best practice standards to improve the services and operations of drug courts (see Figure 1.1). The nationally accepted best practice standards "outline all the practices associated with decreased recidivism, cost savings, and other positive outcomes."²¹ Under each standard are dozens of individual items. Combined, these standards comprise the drug court model.²² South Dakota drug courts are required to operate programs following best practice standards.²³

Essential Elements of Drug Courts

Douglas B. Marlowe, J.D., Ph.D., Chief of Science, Law, & Policy at NADCP, has defined the essential elements of a drug court.²⁴ Valid drug courts must meet these essential elements. The essential elements fall under the best practice standards. "Complementary Services and Treatments" and "Census and Caseload" are the only two standards not included in the essential elements.

Target Population

Program requirements are based on the participants' criminogenic risk level, need level, and chemical dependency diagnosis.

Historically Disadvantaged Groups (Equity and Inclusion)

Regular monitoring of adherence to programming and participant assessments; outcomes specific to suspect classes are tracked separately.²⁵

Roles and Responsibilities of the Judge

Drug courts are primarily courts of law; due process rights are not "checked at the door;" the drug court judge conducts regular compliance reviews within the courtroom; hearings are a public forum; defense counsel is appointed for any infraction resulting in a significant loss of liberty.

Incentives and Sanctions

Attention is paid to distal and proximal behaviors when administering incentives and sanctions.²⁶ Jail is not used as a sanction prior to clinical stabilization. Jail is an option for willful or proximal infractions. Sanctions are gradual and escalating and incentives are incremental.

Substance Abuse Treatment

Addictive behavior is treated, and unruly behavior is punished. Treatment courts offer a full continuum of services, including medical detoxification, medical monitoring of inpatients, low intensity residential placements, intensive outpatient counseling, mental health therapy, cognitive behavior restructuring, criminal thinking, and community support resources. There is no

²⁰ National Association of Drug Court Professionals, *Adult Drug Court Best Practice Standards Volume I* (Alexandria, VA: National Association of Drug Court Professionals, 2013); National Association of Drug Court Professionals, *Adult Drug Court Best Practice Standards Volume II* (Alexandria, VA: National Association of Drug Court Professionals, 2015).

²¹ Douglas Marlowe, "Essential Elements of Drug Courts," Presentation, National Association of Drug Court Professionals Conference, 2018.

²² The term standards used in this paper refers to NADCP's ten national Best Practices and Standards.

²³ Supreme Court of the State of South Dakota IP Rule 2016-02.

²⁴ Douglas Marlowe, "Essential Elements of Drug Courts," Presentation, National Association of Drug Court Professionals Conference, 2018.

²⁵ Suspect classes are a class of individuals that have been historically subject to discrimination.

²⁶ Distal goals are the behaviors that are ultimately desired but may take participants some time to accomplish. Proximal goals are behaviors that (1) participants are already capable of engaging in, and (2) are necessary for long-term objectives to be achieved. Douglas Marlowe, *The Drug Court Judicial Benchbook*, p.148, July, 2011.

blanket prohibition against medically assisted treatment and jail is not used as a detox center or as housing.

Drug and Alcohol Testing

Frequent and observed random testing using scientifically validated testing procedures (28% chance minimum per day including weekends and holidays).

Multidisciplinary Team

The judge, prosecutor, defense counsel, treatment representative, program manager, court service officer, and law enforcement participate in regular team meetings and status hearings. There is ongoing communication, information sharing, and coordinated responses to participant behavior.

Monitoring and Evaluation

There is continuous and ongoing documentation of adherence to standards and a data collection system that is used for continuous quality improvement.

Figure 1.2 displays how well South Dakota drug courts meet these essential elements. Based on these results, drug courts meet essential elements at least 90% of the time or are at least 90% compliant with respect to target populations, roles and responsibilities of the judge, incentives and sanctions, drug and alcohol testing, multidisciplinary team obligations, and monitoring and evaluation. Additionally, 2nd Circuit Drug Court and Pennington County Drug Court are at least 90% compliant in substance abuse treatment. Other South Dakota drug courts are less than 90% compliant in substance abuse treatment. All South Dakota drug courts are less than 90% compliant on historically disadvantaged groups.

Essential Elements of Drug Court Operations	Yankton County	2nd Circuit	Beadle County	Brookings County	Codington County	Northern Hills	Brown County	Pennington County
I. Target Population								
II. Historically Disadvantaged Groups								
III. Roles and Responsibilities of the Judge								
IV. Incentives and Sanctions								
V. Substance Abuse Treatment								
VI. Complementary Treatment Services								
VII. Drug and Alcohol Testing								
VII. Multidisciplinary Team								
IX. Census and Caseload								
X. Monitoring and Evaluation								

*Figure 1.2: Essential Drug Court Elements Compliance**

**Comparison completed by the South Dakota Drug Court Liaison, August 2018*

KEY	90% or more of the time
	89% or less of the time

N/A

One reason for the disparity among the State's drug courts in substance abuse treatment is the greater availability of treatment services in Minnehaha and Pennington County. As a result, drug courts in these communities are better able to meet the full continuum of services outlined in the essential elements. Six drug courts meet less than 89% of the essential elements of substance abuse treatment because:

- Not all mental health and substance abuse representation is licensed and certified;
- Not all areas of the state certify that treatment follows evidence-based curriculums;
- Certain locations are unable to provide a minimum amount of treatment needed by participants;
- Lack of a full continuum of treatment services, including detox and low intensity residential;
- Treatment groups are not large enough to accommodate individual differences and needs; participants are placed in treatment groups based on the availability of services instead of individualized care;
- Undeveloped final phase of drug court focusing on relapse prevention and continuing care specific to the drug court participant;
- No treatment follow-up for any participant discharged from drug court; and
- Lack of treating physicians with expertise in addiction medicine or any closely related field.

Drug courts meet less than 89% of the essential elements of historically disadvantaged groups because:

- No monitoring, tracking, or evaluating of completion rates;
- No monitoring or tracking of incentives, sanctions, and legal dispositions separately to ensure equivalent administration of the program to all participants;
- Participants have limited access to culturally sensitive materials; and
- Recommended training specific to cultural sensitivity of suspect classes is not available to drug court team members.²⁷

Fidelity First Process

In 2016, the South Dakota Drug Court Standards Committee developed a new system for drug courts to document adherence to the required standards. The system, named "Fidelity First in Drug Court" included a three-prong approach to serve as the structure for drug courts to document standards alignment. The three-prong approach includes a standards tool/checklist for court self-assessment, peer review process, and formal monitoring. Each element of the fidelity process is in the initial stage of development, beta testing, implementation, or monitoring.

1. *The Fidelity Tool:*

An internal working document used by courts to monitor their adherence to the standards. The tool itself was created by members of the South Dakota Drug Court Standards Committee and serves as a checklist to compare program operations to the operations expected in the standards. The tool is an internal working document on which drug court

²⁷ Suspect classes are a class of individuals that have been historically subject to discrimination.

teams can thoroughly evaluate program operations and make adjustments to address any deficiencies. Courts must submit timely fidelity assessments to the state liaison, who verifies the results during site visits. The drug court teams use a monthly reporting document called an "Action Plan" to document progress, with a goal for each drug court to reach all standards.

2. *Peer Review:*

The peer review is an outside assessment conducted by a trained cadre of problem-solving court professionals. The circuit court judge leads the peer review, the process used in most states to avoid the high cost of formal evaluations. To fully understand all the components of a working drug court, drug court professionals conducting a peer review receive extensive training on drug court operations. Individual courts apply to participate in the peer review process every one to three years. The peer review team shares the final report with the court under review and the drug court state liaison.

3. *Formal Monitoring:*

Formal monitoring is completed on an ongoing basis during site visits to individual courts. A standard annual report to document performance is currently being compiled by the state drug court liaison.

Specific Points Regarding Fidelity First Results:

- Best Practices are aspirational and obligatory: look for places of improvement;
- Emphasis on adhering to the process of completing honest monthly self-assessments;
- Ownership of results by each drug court team is crucial;
- Visibility into the courts increases accountability; and
- Resources and training plans can be designed around areas of non-compliance.

South Dakota drug courts are in the initial stage of the Fidelity First process. NADCP is developing a national tool, like the fidelity tool created by the Unified Judicial System (UJS), that will be verified and weighted according to relevant research. UJS stated that this tool is approximately three years away from being published and available for use by drug courts. The tool created by the South Dakota Drug Court Standards Committee allows drug courts to monitor adherence to the standards and create action plans for improvement without waiting years for the availability of the national tool.

To understand the Fidelity First process, evaluators observed the 2nd Circuit Drug Court conduct a fidelity self-assessment on the best practice standard of substance abuse treatment. This assessment is included in Appendix B. The assessment, which included 48 individual items under 10 headings, took fifteen minutes to complete. There was little discussion among the team members as each item was assigned a compliant, partially compliant, or non-compliant standing. Drug court teams also did not provide supporting documentation to verify any items on the assessments with existing data, such as whether participants receive six to ten hours of counseling per week during the first phase of treatment. Rather than through documentation, each team member relies on trust that other team members verify the ratings within their respective expertise.

Based on information provided by both the 2nd Circuit Drug Court Team and UJS, the amount of time the team spent on the self-assessment is consistent with other drug courts in the state. Drug courts devoted more time for discussion and verification for the fidelity assessments when they first became available in 2016. With increasing comfort level and experience with these assessments, the team's time devoted to them appears to have decreased.

Each drug court has completed a fidelity tool assessment by the annual deadline, and action plans are in place to monitor each court's progress.

Conclusions

UJS has developed a process to document and monitor adherence to best practices and standards. The information gathered through this process improves areas that are not compliant and ensures that drug courts do not regress. South Dakota drug courts do not meet certain essential elements, including substance abuse treatment and historically disadvantaged groups.

Limitations

Evaluators were not able to measure how each drug court was performing in meeting all the best practices and standards. The practices and standards could not be gauged due to the use of a non-validated fidelity tool by the drug courts and a lack of data available to evaluators. Rather than measuring each drug court in meeting all the best practices and standards, this evaluation verified the monitoring processes in place and assessed how well the drug courts meet the essential elements.

Research Question 2: Are South Dakota's Drug Courts Reducing Recidivism for Participants After Exiting the Drug Court Program?

Drug courts seek to reduce further substance abuse and criminal activity (recidivism) of participants. An important question remains whether the effects of lower recidivism continue after participants are no longer in the drug court program. National studies indicate recidivism continues to increase throughout a five-year post-program period, therefore longer-term assessments are important for any policy discussions regarding the costs and benefits. The post-program cost advantage may be justifiable the first year after participants complete the program but may not be after three or more years.²⁸

Post-Program Methodology

Post-program recidivism analysis provides a critical measure of whether drug courts have achieved their goals.²⁹ Post-program analysis will determine the recidivism rates for individuals after exiting the drug court program or release from prison. Studies differ on their specific definition of recidivism. Some studies use re-arrests while others use reconvictions in addition to re-arrests.³⁰ The definition of recidivism for this evaluation is a new felony conviction or a return to prison³¹ during the three-year period following the discharge date.

The definition of recidivism used in the post-program analysis is a new felony conviction or a return to prison during the three-year period following the discharge date.

Comparison is the only way to document the impact of the drug court program on participants relative to other interventions.³² The post-program methodology for the analysis of recidivism in this evaluation is based on a quasi-experimental design in which the assignment of participants to a drug court or comparison group is not random. The goal of a quasi-experimental design is to reduce selection bias by constructing a comparison group whose characteristics match drug court participants as closely as possible.

To reduce selection bias for the drug court evaluation, a comparison group must:

- Include defendants who did not participate in drug court;
- Meet the drug court's eligibility criteria; and
- Have comparable key background characteristics as drug court participants.

The South Dakota Unified Judicial System (UJS) provided a list of individuals who participated in the Northern Hills (the Sturgis area) and 2nd Circuit (the Sioux Falls area) drug court programs between July 2012 and June 2018.³³ Analysis of only Northern Hills and the 2nd Circuit drug court programs occurred because of the low number of participants in the other drug court programs. Drug court participants selected for the analysis had either graduated or terminated from the

²⁸ Kristin DeVall, Paul Gregory, and David Hartmann, "Extending Recidivism Monitoring for Drug Courts: Methods Issues and Policy Implications," *International Journal of Offender Therapy and Comparative Criminology* 61, no. 1 (2017): 95.

²⁹ Steven Belenko, "Research on drug courts: A critical review: 2001 update," New York: National Center on Addiction and Substance Abuse at Columbia University, 2001.

³⁰ Michael Rempel, "Recidivism 101: Evaluating the Impact of Your Drug Court," *Drug Court Review* 5, no. 2 (2006): 89-90.

³¹ Return to prison means the physical return to prison because supervision has been revoked.

³² Cary Heck and Meridith Thanner, "Evaluating Drug Courts: A Model for Process Evaluation," *Drug Court Review* 5, no. 2 (2006): 77.

³³ The Northern Hills and 2nd Circuit drug court programs were selected because the other programs did not have enough participants with at least one-year post-program time.

program and had been out of the program or prison for at least one year since October 4, 2017. A sample size of at least 100 participants or more is ideal to produce statistically significant results. For a participant group of fewer than 100, the difference in recidivism rates needs to be greater to produce statistically significant results.³⁴

The South Dakota Department of Corrections (DOC) provided a list of individuals admitted to prison between July 2011 and August 2018 with a drug conviction. Identification of the comparison candidate pool included the key factors of meeting the eligibility criteria for drug court participation,³⁵ no prior participation in drug court, and a release date on or before October 4, 2017. The location of individuals was omitted due to the significant reduction in the candidate pool and individuals having convictions in more than one location.

Statistical significance is a concept based on the idea of hypothesis testing, normal distribution (bell curve), and p-values. Hypothesis testing refers to the initial belief about the situation or effect before conducting the analysis. In post-program recidivism analysis, the hypotheses could be:

- Alternative Hypothesis: Drug court participants recidivate less than a comparison group one year after exiting the program or prison.
- Null Hypothesis: Drug court participants recidivate at the same or greater level than a comparison group one year after exiting the program or prison.

Hypothesis testing determines which theory, the alternative or null, is better supported by the evidence. P-value is the probability the observed effect would have occurred if the null hypothesis is true. For example, a p-value of 0.05, corresponds to a 5% chance the null hypothesis is true. If the resulting analysis indicated a p-value of 0.02, based on a significant level of 0.05, the results would be statistically significant, therefore, one would reject the null hypothesis. The conclusion would indicate there is statistical significance that drug court participants recidivate less than a comparison group one year after exiting the drug court program or prison at a significance level of 0.05.

In determining statistical significance, the number of participants and comparison individuals (n-value) matters as well as the difference in the observed effect. Table 2.1 provides examples of sample sizes and the corresponding recidivism rate for statistical significance. The table demonstrates as the sample size goes down there needs to be a greater difference in recidivism to achieve statistical significance.

Table 2.1 Sample Sizes and Corresponding Recidivism Rate for Significance

Comparison Group Sample Size	Drug Court Sample Size	Comparison Group Recidivism Rate	Drug Court Recidivism Rate Needed to Achieve Significance	Difference in Recidivism
600	600	50%	42% or less	8%
200	200	50%	36% or less	14%
100	100	50%	30% or less	20%
50	50	50%	22% or less	28%

³⁴ Rempel, *Recidivism* 101,95.

³⁵ Eligibility standards were discussed in the background section of this report. The SD DOC provided data on LSI scores, past offences, and a community risk assessment identification to assist in determining the eligibility for drug court.

Propensity score matching³⁶ matches the participant group with individuals from the comparison candidate pool to identify the comparison group. The inclusion of an individual for the comparison group was based on gender, ethnicity, age at admission, discharge year, and Level of Service Inventory – Revised (LSI-R) score.³⁷ Pearson's chi-square test for independence³⁸ determined the balance of the groups, and substantially reduced any initial selection bias.

Limitations

Finding true equivalence is important in making claims about the effects of the drug court program. True experimental design is the gold standard with the random assignment of participants to treatment or control groups. True experimental design is difficult to perform because of concerns about ethics and fairness, therefore the literature suggests the use of quasi-experimental design.³⁹

A limitation to the analysis in this report is the number of participants in the drug court program with post-program time exceeding one, two, or three years. The 2nd Circuit Drug Court sample size of 64 is less than ideal for one-year post-program analysis, while two- and three-year post-program sample sizes are even fewer. Northern Hills has an adequate sample size of 105 for one-year post-program, but the two-year sample of 77 and the three-year sample of 37 are less than ideal but provided a statistically significant outcome due to the difference in recidivism rates.

Propensity score matching may reduce but does not eliminate selection bias. The approach is most effective when it is possible to match all relevant characteristics that affect both program participation and key outcomes. Based on available data for this study, a count of prior drug felony convictions, drug use characteristics, mental health status, or other psychosocial measures are not available for this assessment. Drug court participants and comparison group members may differ on these unobserved characteristics.

Post-Program Recidivism Analysis

Many studies have looked at post-program recidivism with varying results. Devall (2017) found 60% of graduates remained crime-free five years after completing the program, while 89% were crime-free after the first year. New York completed a one-year post-program recidivism analysis of six of their drug courts using a similar methodology. New York found all six drug courts reduced recidivism at one-year post-program, with all but one court reaching statistical significance. The New York drug courts had recidivism rates between 12% and 30% after one year, while the comparison groups recidivated between 23% and 37%.⁴⁰ Florida looked at two-year post-program and found a recidivism rate of 9% for drug court completers and 19% for the comparison group.⁴¹

³⁶ Propensity score matching ensures that final participant and comparison groups are as comparable as possible on key background characteristics.

³⁷ LSI-R Score is a quantitative survey of offender attributes and their situations relevant to level of supervision and treatment decisions.

³⁸ Pearson's chi-square statistic is commonly used for testing the distribution of a categorical variable in a sample with the distribution of a categorical variable in another sample.

³⁹ Heck & Thanner, 2006.

⁴⁰ Michael Rempel, Dana Fox-Kralstein, Amanda Cissner, Robyn Cohen, Melissa Labriola, Donald Farole, Ann Bader, and Michael Magnani, *The New York State Adult Drug Court Evaluation: Policies, Participants and Impacts*, New York: Center for Court Innovation, 2003: 274.

⁴¹ Office of Program Policy Analysis & Government Accountability, *Expansion Drug Courts Can Produce Positive Outcomes Through Prison Diversion and Reduced Recidivism*, Florida: Florida Legislature, OPPAGA, Report No. 14-02, 2014: 10-11.

2nd Circuit Drug Court (Sioux Falls)

Participant (Drug Court Group)

UJS provided a list of 154 participants admitted to the 2nd Circuit Drug Court between July 2012 and June 2018. The list included 52 active, 57 terminated, and 45 graduated participants. The participants selected for the analysis had discharge dates no later than October 4, 2017, allowing for a minimum of one-year post-program time. The participant group consisted of 35 graduated and 29 terminated, for a total of 64 drug court participants, representing 63% of graduated or terminated participants over the existence of the 2nd Circuit Drug Court.

Comparison Group

The DOC provided a list of 4,060 individuals admitted to prison between July 2011 and August 2018 with a drug conviction. Identification of the comparison candidate pool included the key factors of meeting the eligibility criteria for drug court participation,⁴² no prior participation in drug court, and a release date on or before October 4, 2017. These factors produced a total of 1,048 individuals from across the state. Propensity score matching selected 255 individuals for the comparison group, which represents 24% of the total comparison candidate pool. The chi-squared test indicated no significance, suggesting a balance between the drug court and the comparison group.

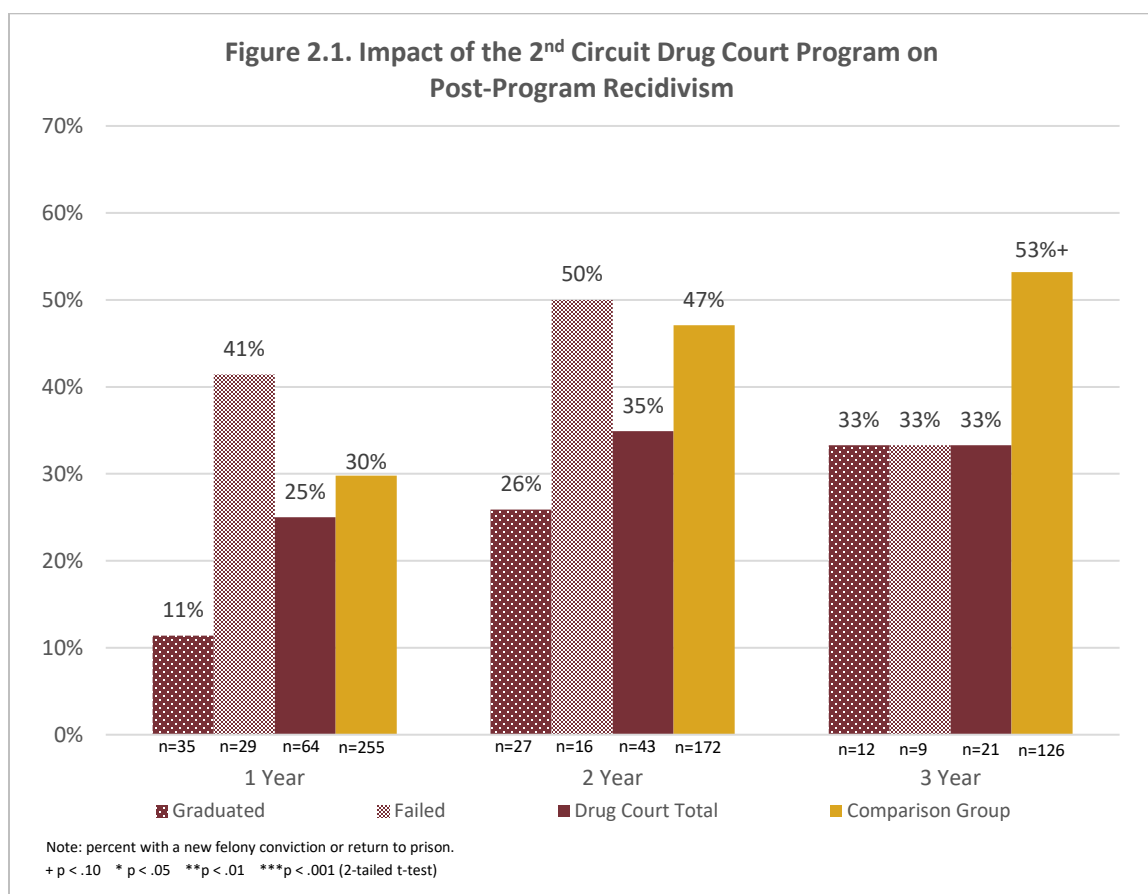
Table 2.2 provides the baseline characteristics of the 2nd Circuit Drug Court participants and comparison group samples before and after propensity score matching. The comparison candidates numbering 1,048 all would have qualified for drug court based on the paper eligibility criteria. Of particular note, the male-to-female ratio prior to matching indicated 70.7% male and 29.3% female, while the drug court group indicated 37.5% male and 62.5% female. Further analysis is necessary to understand the difference between males and females in the drug court program as opposed to those who qualified but went to prison instead.

Table 2.2. Baseline Characteristics of the 2nd Circuit Drug Court Participants and Comparison Group Samples Before and After Propensity Score Matching

	Pre-Matching		Final Comparison	
	Drug Court	Comparison Candidates	Drug Court	Comparison Group
Sample Size	n = 64	n = 1,048	n = 64	n = 255
Past violent offense	0%	0%	0%	0%
Addiction diagnosis	100%	100%	100%	100%
Arrested on felony drug charge	100%	100%	100%	100%
Average LSI score	34.1	32.1	34.1	33.7
Discharge Year	2015.8	2015.4	2015.8	2015.8
Male	37.5%	70.7%	37.5%	38.4%
Female	62.5%	29.3%	62.5%	61.6%
Average age at admission	32.0	31.2	32.0	32.2
Race/ethnicity				
Caucasian	68.8%	61.3%	68.8%	67.1%
Native American	21.9%	30.3%	21.9%	24.7%
African American	4.7%	4.6%	4.7%	5.1%
Hispanic	1.6%	3.0%	1.6%	1.2%
Asian	1.6%	0.3%	1.6%	0.7%
Other	1.6%	0.5%	1.6%	1.2%

⁴² Eligibility standards were discussed in the background section of this report. The SD DOC provided data on LSI scores, past offences, and a community risk assessment identification to assist in determining the eligibility for drug court.

Figure 2.1 provides the impact of the 2nd Circuit Drug Court program on post-program recidivism for those in the program against a comparison group. Year one represents those with at least one year of post-program time, meaning they have been out of prison or the drug court program⁴³ for at least one year. The results for one-year recidivism show a rate of 25% for the drug court group and 29.8% for the comparison group, which is not statistically significant. The drug court program reduced recidivism by 16% for participants one year after exiting the program. The year two outcomes show a recidivism rate of 34.9% for the drug court group and 47.1% for the comparison group, which is not statistically significant. Year two produced a reduction in recidivism of 25.9% for drug court participants. Year three results indicate a recidivism rate of 33.3% for the drug court group and 53.2% for the comparison group, which is statistically significant ($p < .10$). The drug court program showed a 37.3% reduction in participants recidivating after exiting the program for three years; however, there are few participants.



⁴³ For those terminated from the drug court program, post-program time starts when released from prison.

Figure 2.2 shows the survival of 2nd Circuit Drug Court participants against a comparison group avoiding a new felony conviction or a return to prison⁴⁴ within one year after exiting the drug court program or prison. Analyzing when individuals recidivate can identify when individuals are most vulnerable after exiting the drug court program or prison. After six months, 91% of the drug court group avoided a new felony conviction or a return to prison,⁴⁴ while 85% of the comparison group survived. At one year, 75% of the drug court group survived, while 70% of the comparison group survived. While these numbers are not statistically significant, they do indicate a divergence of recidivism rates between the drug court and comparison groups.

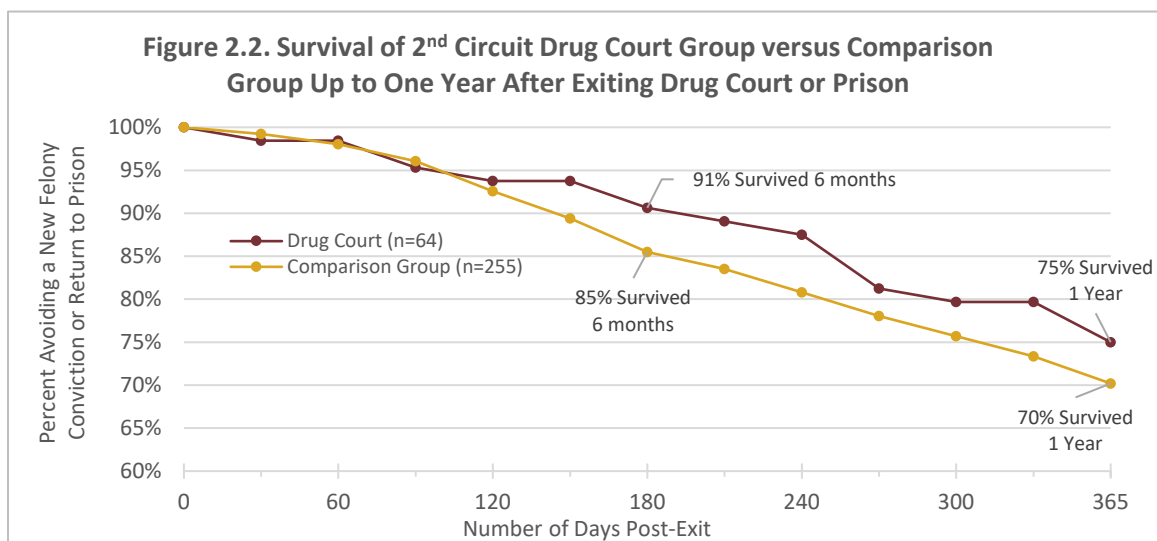
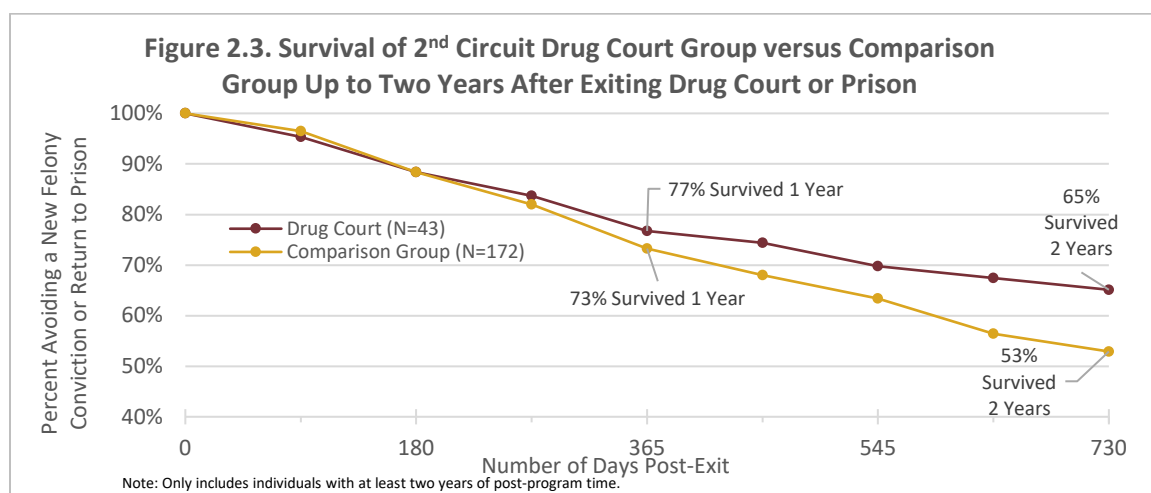


Figure 2.3 provides the survival of 2nd Circuit Drug Court participants against a comparison group avoiding a new felony conviction or a return to prison⁴⁵ within two years after exiting the drug court program or prison.⁴⁶ These groups include individuals with at least two years post-program time. At the end of year two, 65.1% of the drug court group survived, while 52.9% of the comparison group survived, which is not statistically significant.⁴⁷



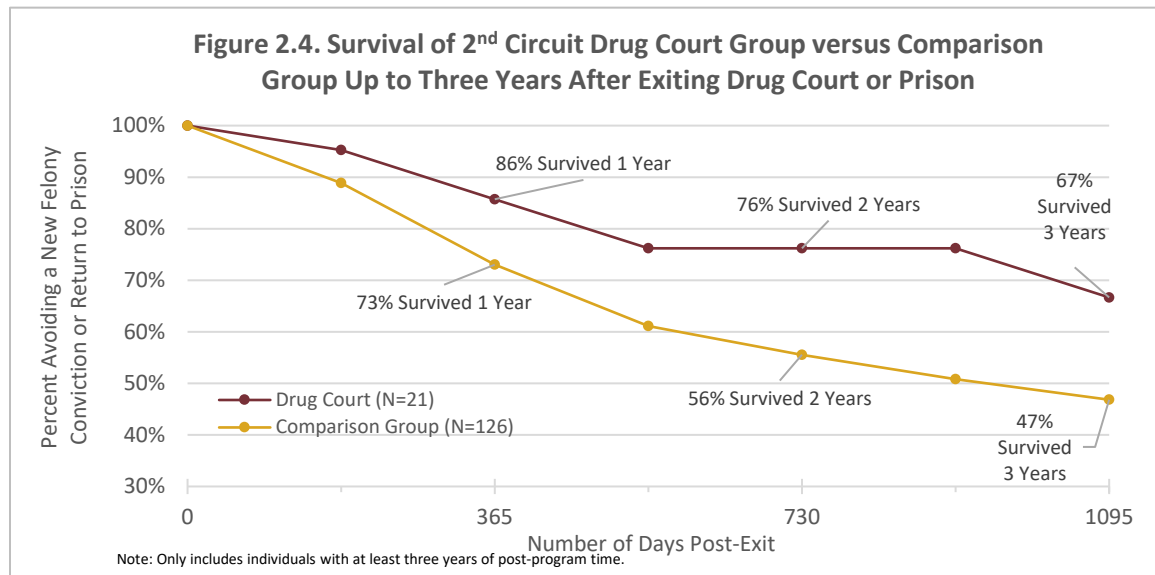
⁴⁴ Return to prison means the physical return to prison because supervision has been revoked.

⁴⁵ Return to prison means the physical return to prison because supervision has been revoked.

⁴⁶ For those terminated from the drug court program, post-program time starts when released from prison.

⁴⁷ The comparison group was rebalanced with the remaining drug court participants for the analysis.

Figure 2.4 provides the survival of 2nd Circuit Drug Court participants against a comparison group avoiding a new felony conviction or return to prison⁴⁸ within three years after exiting the drug court program or prison.⁴⁹ These groups include individuals with at least three years post-program time. At the end of year three, 66.7% of the drug court group survived, while 46.8% of the comparison group survived, which is statistically significant ($p < .10$).⁵⁰



Northern Hills Drug Court (Sturgis)

Participant Group

The UJS provided a list of 196 participants admitted to the Northern Hills Drug Court between July 2012 and June 2018. The list included 37 active, 67 terminated, and 92 graduated participants. The participants selected for the analysis had discharge dates no later than October 4, 2017, allowing for a minimum of one-year post-program time. The participant group consisted of 70 graduated and 36 terminated, for a total of 105 drug court participants, representing 66% of the total graduated or terminated participants over the existence of the Northern Hills Drug Court.

Comparison Group

The DOC provided a list of 4,060 individuals admitted to prison between July 2011 and August 2018 with a drug conviction. Identification of the comparison candidate pool included the key factors of meeting the eligibility criteria for drug court participation,⁵¹ no prior participation in drug court, and a release date on or before October 4, 2017. These factors produced a total of 1,048 individuals from across the state. Propensity score matching selected 419 individuals from the comparison candidate pool for the comparison group, which represents 40% of the total comparison candidate pool. The chi-squared test indicated no significance, suggesting a balance between the drug court and the comparison group.

⁴⁸ Return to prison means the physical return to prison because supervision has been revoked

⁴⁹ For those terminated from the drug court program, post-program time starts when released from prison.

⁵⁰ The comparison group was rebalanced with the remaining drug court participants for the analysis.

⁵¹ The background section of this report discussed the eligibility standards. The SD DOC provided data on LSI scores, past offenses, and a community risk assessment identification to assist in determining the eligibility for drug court.

Table 2.3 provides the baseline characteristics of the Northern Hills Drug Court participants and comparison group samples before and after propensity score matching. The comparison candidates numbering 1,048 would have all qualified for drug court based on the paper eligibility criteria. Of interest is the male-to-female ratio prior to matching, which indicates 70.7% male and 29.3% female, while the drug court group indicates 44.8% male and 55.2% female. Further analysis is necessary to understand the large difference between males and females in the drug court program as opposed to those who qualify for the program but go to prison instead.

Table 2.3. Baseline Characteristics of the Northern Hills Drug Court Participants and Control Group Samples Before and After Propensity Score Matching

	Pre-Matching		Final Comparison	
	Drug Court	Control Candidates	Drug Court	Comparison Group
Sample Size	n = 105	n = 1,048	n = 105	n = 419
Past violent offense	0%	0%	0%	0%
Addiction diagnosis	100%	100%	100%	100%
Arrested on felony drug charge	100%	100%	100%	100%
Average LSI score	31.6	32.1	31.6	31.6
Discharge Year	2015.6	2015.4	2015.6	2015.5
Male	44.8%	70.7%	44.8%	51.3%
Female	55.2%	29.3%	55.2%	48.7%
Age at Admission	29.8	31.2	29.8	30.1
Race/ethnicity				
Caucasian	82.9%	61.3%	82.9%	81.0%
Native American	12.3%	30.3%	12.3%	13.8%
African American	1.0%	4.6%	1.0%	0.7%
Hispanic	2.9%	3.0%	2.9%	3.6%
Asian	0.0%	0.3%	0.0%	0.0%
Other	1.0%	0.5%	1.0%	0.7%

Figure 2.5 provides the impact of the Northern Hills Drug Court program on post-program recidivism for those in the program against a comparison group. Year one represents those with at least one year of post-program time, meaning they have been out of prison or the drug court program⁵² for at least one year. The results for the one-year recidivism analysis show a recidivism rate of 14.3% for the drug court group and 28.2% for the comparison group, which is statistically significant ($p < .001$). The drug court program reduced recidivism by 50% for participants in the program. The year two outcomes show a recidivism rate of 28.6% for the drug court group and 47.1% for the comparison group, which is statistically significant ($p < .01$). The reduction in recidivism for drug court participants with at least two years of post-program time was 39.2%. Year three results indicate a recidivism rate of 32.4% for the drug court group and 54.7% for the comparison group, which is statistically significant ($p < .05$). Drug court participants who had been out of prison or the program for at least three years produced a 40.7% reduction in recidivism.

⁵² For those terminated from the drug court program, post-program time starts when released from prison.

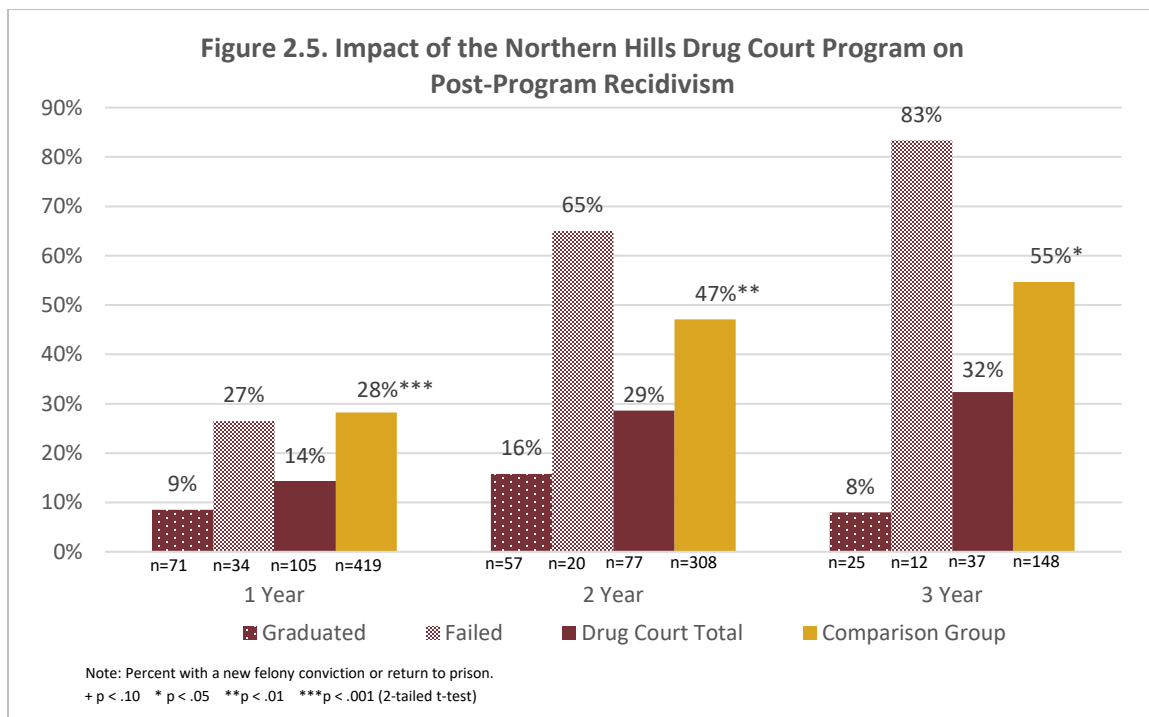
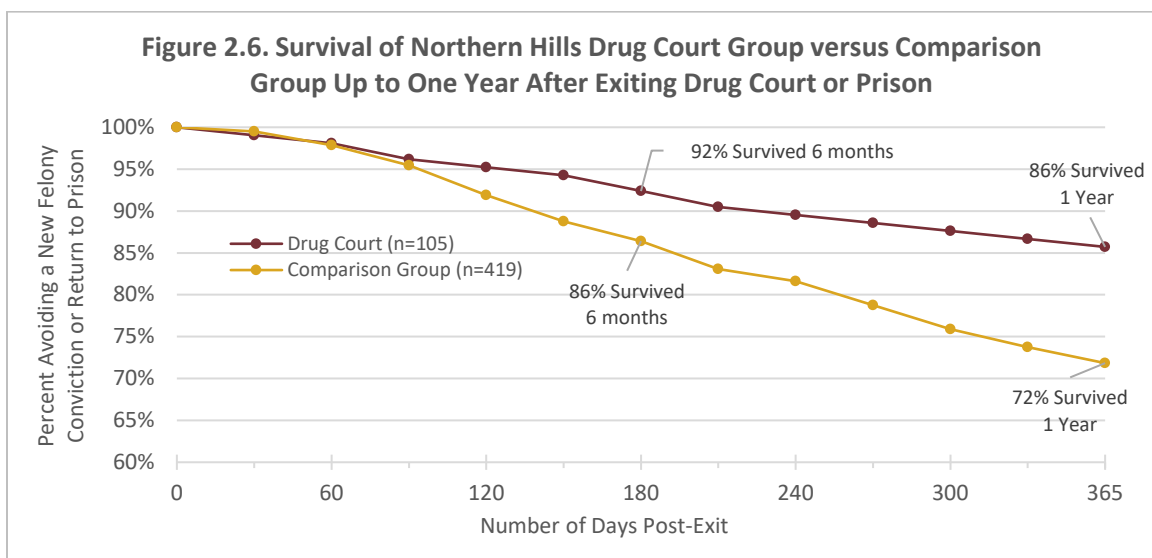


Figure 2.6 shows the survival of Northern Hills Drug Court participants against a comparison group avoiding a new felony conviction or a return to prison⁵³ within one year after exiting the drug court program or prison. Analyzing when individuals recidivate can identify when individuals are most vulnerable after exiting the drug court program or prison. After six months, 92% of the drug court group avoided a new felony conviction or returned to prison, while 86% of the comparison group survived. At one year 86%, of the drug court group survived, while 72% of the comparison group survived. The drug court and comparison groups start to diverge at 120 days, four months after exiting the program. The groups continue to diverge further for the remainder of year one, with the results at the end of one year being statistically significant ($p < .001$).



⁵³ Return to prison means the physical return to prison because supervision has been revoked.

Figure 2.7 provides the survival of Northern Hills Drug Court participants against a comparison group avoiding a new felony conviction or a return to prison⁵⁴ within two years after exiting the drug court program or prison.⁵⁵ These groups include individuals with at least two years post-program time. At the end of year two, 71.4% of the drug court group survived, while 52.9% of the comparison survived, which is statistically significant ($p < .01$).⁵⁶

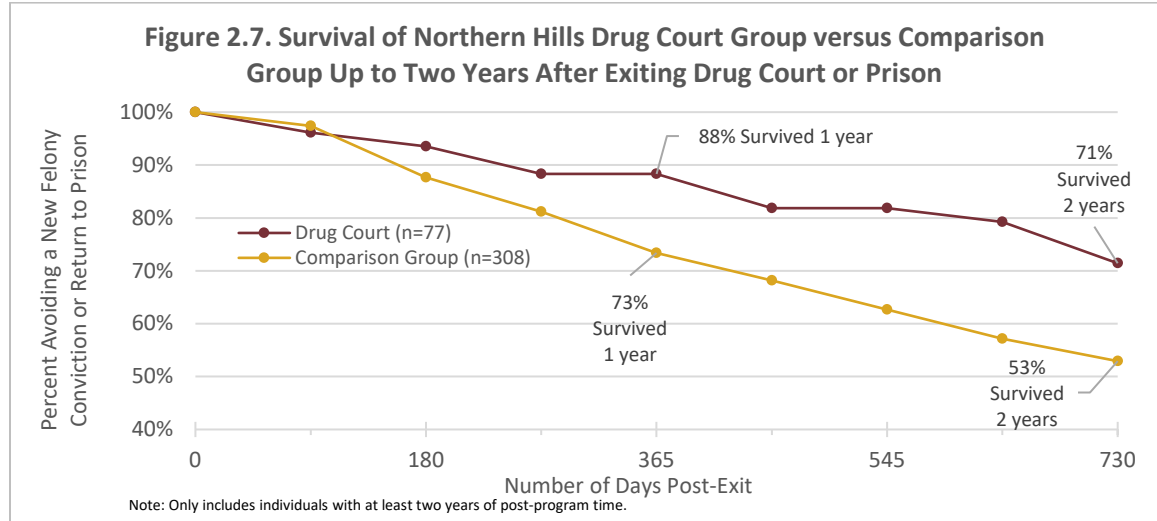
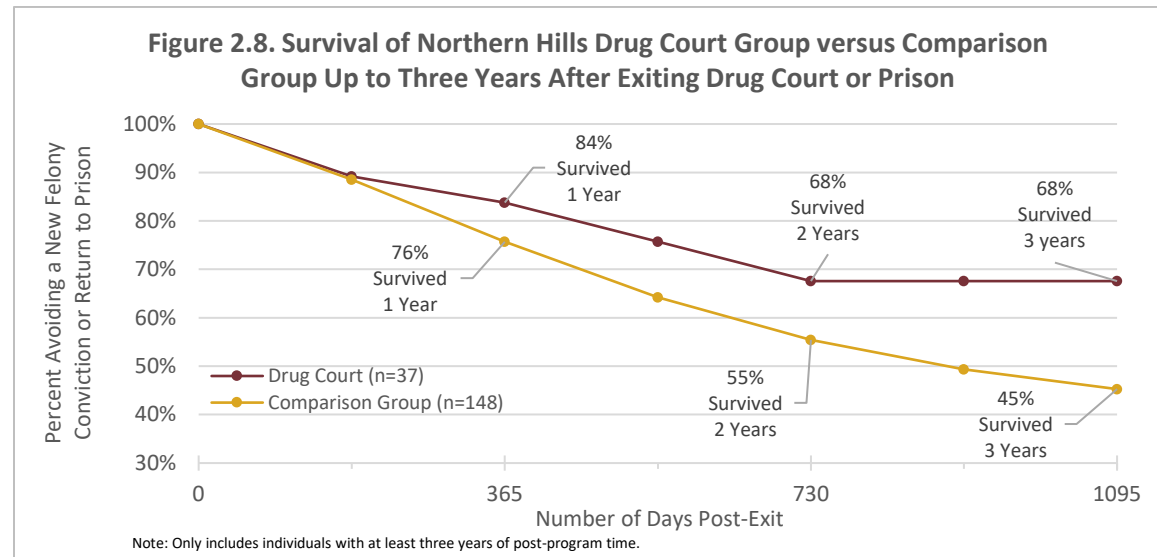


Figure 2.8 provides the survival of Northern Hills Drug Court participants against a comparison group avoiding a new felony conviction or a return to prison⁵⁴ within three years after exiting the drug court program or prison.⁵⁵ These groups include individuals with at least three years of post-program time. At the end of year three, 67.6% of the drug court group survived, while 45.3% of the comparison group survived, which is statistically significant ($p < .05$).⁵⁶



⁵⁴ Return to prison means the physical return to prison because supervision has been revoked.

⁵⁵ For those terminated from the drug court program, post-program time starts when released from prison.

⁵⁶ The comparison group was rebalanced with the remaining drug court participants for the analysis.

Conclusions

Drug Court Graduation is an Influential Predictor of Reduced Post-Program Recidivism.

In this evaluation, graduates are less likely to recidivate in the post-program period than drug court failures and non-participants. Northern Hills produced a 67.9% reduction in recidivism for graduates one-year post-program, while the 2nd Circuit Drug Court produced a 63.3% reduction. Drug courts that can graduate a large percentage of their participants will generally produce better outcomes.

Analysis of the Recidivism Outcome of the Drug Court Program Varies Across the State.

Although Northern Hills and the 2nd Circuit Drug Courts had lower recidivism rates than the comparison groups, overall the recidivism rate varied. One-year post-program recidivism was 14% for Northern Hills participants and 25% for 2nd Circuit participants. Year two Northern Hills recidivism was 29% compared to 2nd Circuit at 35%. Possible reasons for the variation include differences in:

- Drug court *populations* served (2nd Circuit served a higher ratio of females to males than Northern Hills, as well as a considerable difference in ethnicity);
- Access to *treatment options*; and
- Drug court *policies and practices*.

Drug Courts Work: They Reduce Recidivism When Compared to Conventional Prison/Parole.

Northern Hills and the 2nd Circuit Drug Court reduced recidivism up to one year after program completion or exiting prison when compared to a group of individuals who went to prison and released on parole. The Northern Hills Drug Court one-, two-, and three-year post-program results provided statistically significant outcomes, while only year three of the 2nd Circuit Drug Court was significant. It remains unclear whether drug courts can maintain a cost advantage as more post-program time accumulates and whether other South Dakota drug experience similar effects.

Research Question 3: Are South Dakota Drug Courts Cost Effective?

Drug Court Funding

South Dakota drug court funding is comprised of general, federal, and other funds (see Figure 3.1). The majority of the funding, or \$3,923,400, comes directly from the general fund, followed by \$499,889 in federal, and \$31,244 in other fund authority. The other fund authority includes \$10,000 derived from the drug screening fund, and the remaining \$21,244 from the court automation fund (see Figure 3.2).

Figure 3.1. Funding Sources for FY18

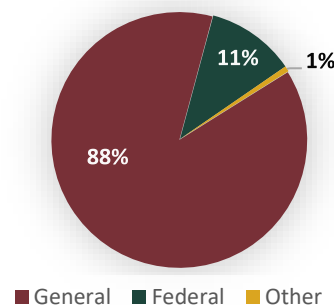
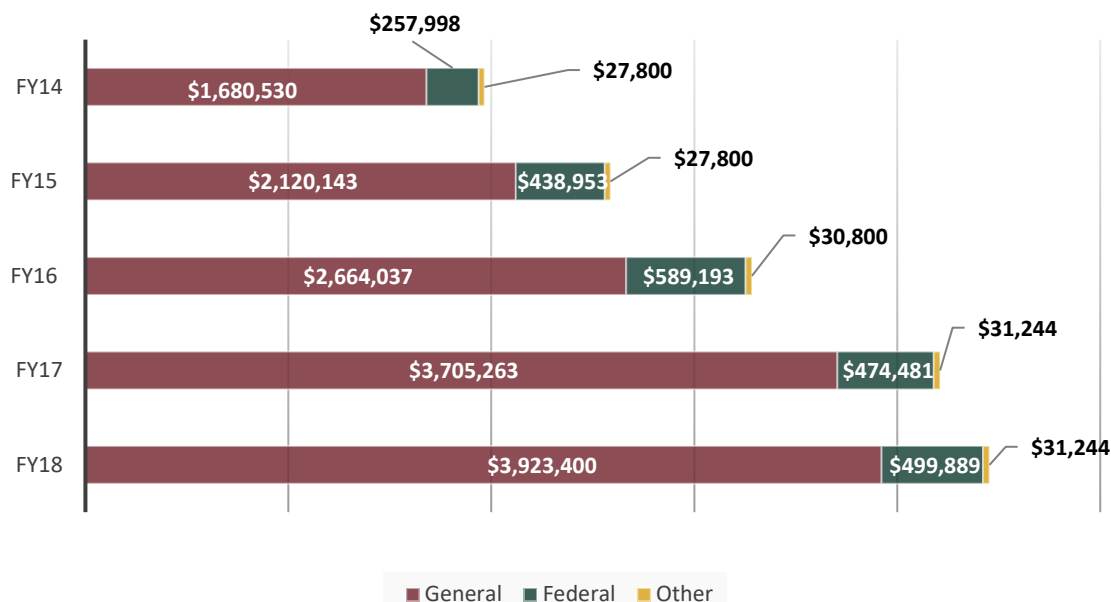


Figure 3.2. FY14-FY18 Budgeted Funds



The Unified Judicial System (UJS) administers all drug courts in South Dakota and tracks all associated costs with drug courts using an in-house application known as "Buffalo", which was developed by the U.S. Bureau of Justice Assistance (BJA). All drug courts use this system to compile treatment, testing, and supervisory costs associated with each participant enrolled in the drug court program. UJS tracks all information on the system; however, UJS does not track drug court and DUI court expenditures separately in the State's accounting system, meaning all problem-solving courts use the same budget unit. Therefore, expenditures may include both drug and DUI courts, which the analysis cannot separate.

Total drug court costs have increased over the past five years with the addition of new drug courts and serving more participants (see Figure 3.3).

In FY14, drug courts assisted 185 participants across the state at a total cost of \$1,650,337. In FY18, after the addition of drug courts, 490 participants were served with total expenditures reaching \$4,082,171.

Drug court costs include the types of services offered in the program such as treatment, testing, and supervision. Treatment services include various assessment and counseling options, such as intensive outpatient, mental health therapy, group counseling, Cognitive Behavioral Intervention for Substance Abuse (CBISA), and Moral Reconciliation Therapy (MRT). Treatment options are available throughout the five clinical phases of the drug court program, and dependent on the availability of treatment services in each area. Testing services are another component of the program. Participants are required to take a minimum number of drug tests while in drug court. Testing and monitoring services are directed by the drug court team.⁵⁷ Treatment and supervision are major cost drivers of drug courts in South Dakota (see Figure 3.4). Treatment services alone account for \$1,360,470 in expenditures in FY18, while serving 490 participants. Supervision and testing services cost \$2,600,873 and \$120,828, respectively.

Drug court expenditures also vary by Circuit and the number of participants in each court (see Figure 3.5). The largest expenditures for FY18 occurred in the 2nd Circuit Court (the Sioux Falls area) where expenditures totaled \$893,009 to serve 116 participants. In contrast, the lowest expenditures were in the 6th Circuit Court (the Pierre/Fort Pierre area) and totaled \$214,489 to serve 27 participants.

Figure 3.3. Total Expenditures & Participants Served

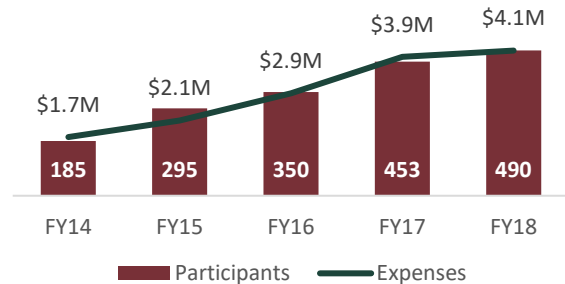


Figure 3.4. FY18 Estimated Total Cost Breakdown

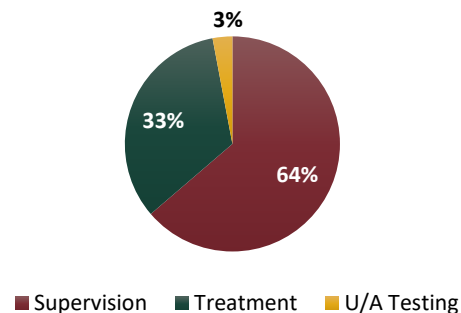
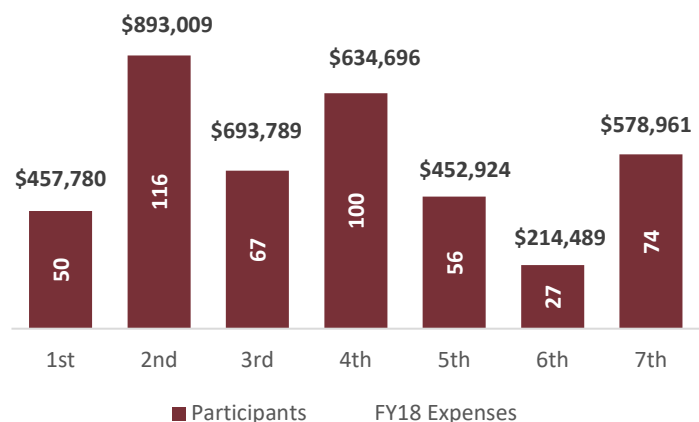
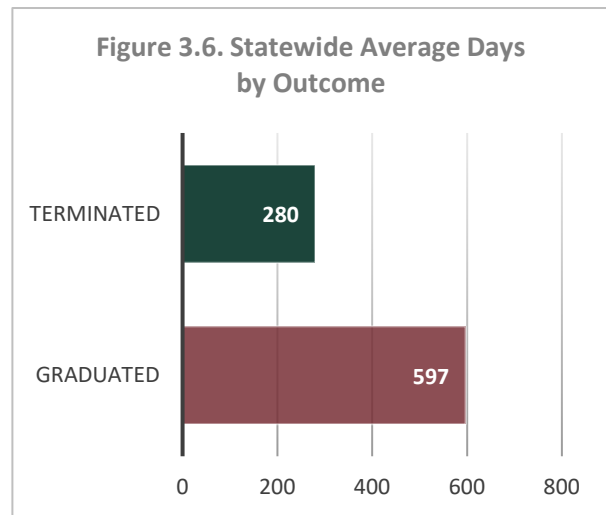


Figure 3.5. FY18 Estimated Costs by Circuit



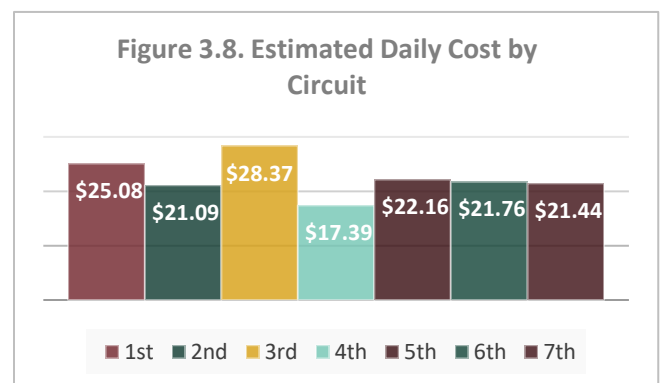
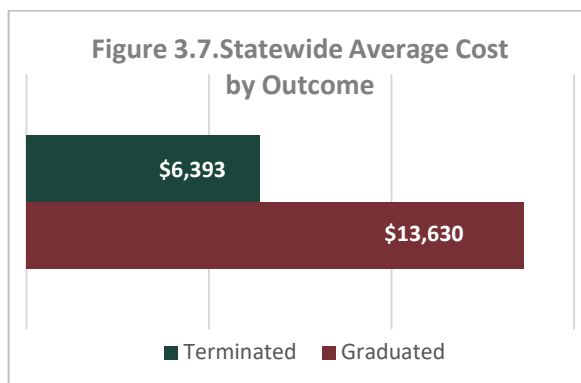
⁵⁷ The drug court team is comprised of representatives from all partner agencies, including but not limited to a judge, prosecutor, defense counsel, treatment representative, program manager, court service officer, and law enforcement.

The statewide average cost of drug courts can vary dramatically from one participant to the next, depending on the circumstances surrounding the participant's recovery process. Those participants attending courts have two possible outcomes: graduation or termination. Participants terminated from the program are incarcerated with limited to no credit for time served in drug court.⁵⁸ The length of time to graduate from the program is unique to each individual participant. The average graduate takes approximately 597 days to complete the program, while terminations normally occur within 280 days (see Figure 3.6).



The cost per day for a participant in drug court is the same for both graduates and terminations. The average cost of a successful graduate is \$13,630, while a terminated participant will cost approximately \$6,393 (see Figure 3.7).⁵⁹ In contrast, the cost to have incarcerated the same graduate would have been \$34,972, using the 597-day average completion rate at a low- to medium-risk corrections facility.⁶⁰

The average daily cost breakdown by circuit court varies, with the 3rd Circuit having the highest average cost per participant of \$28.37 per day and the 4th Circuit having the lowest average cost of \$17.39 per day (see Figure 3.8). This average cost per day is the same for both graduated and terminated participants.



While having a successful graduate is cost effective compared to incarceration, the cost of termination of an unsuccessful participant has a negative impact on those savings. For example, if a person entered drug court with a five-year felony conviction and terminated at the average time of 280 days into the program, the approximate costs incurred would be \$6,393. At the time of termination the participant would be incarcerated with limited to no credit for time served in

⁵⁸ Upon termination some credit may be given for time served in jail.

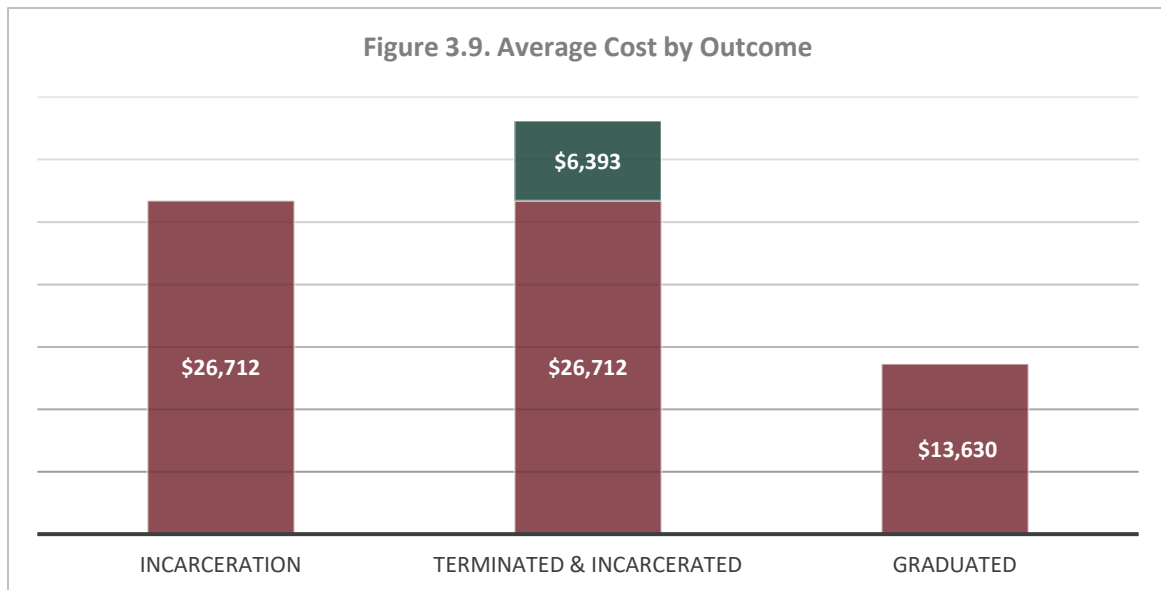
⁵⁹ The average daily cost of drug court across the state is \$22.83 per day, per client. This equates to a yearly cost of \$8,333.

⁶⁰ The Department of Corrections estimated FY19 average weighted cost per day for Low and Medium level offenders is \$58.58. This equates to a yearly cost of \$21,382.

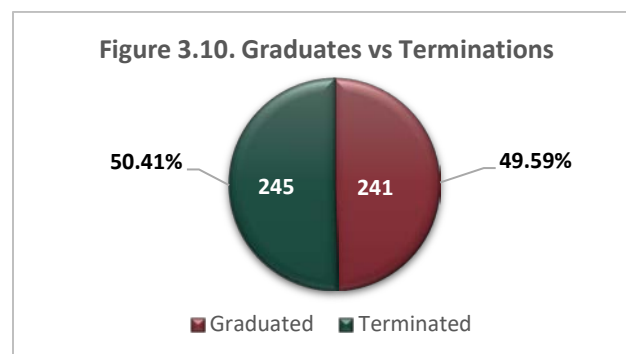
drug court. Although length of incarceration varies with each individual case, those serving nonviolent Class 6, Class 5, and Class 4 felonies are currently eligible for parole after serving approximately 25% of their sentence.⁶¹ For example, if a participant was originally sentenced to five years on a nonviolent Class 5 felony drug conviction, it is reasonable that parole would be granted after 25% or 456 days had been served, at a cost of \$58.58 per day.⁶² The cost of terminating drug court and being incarcerated does increase the cost of that participant (see Figure 3.9).

⁶¹ The rate used to calculate incarceration costs is \$58.58 per day or Medium Security Correction Facilities.

⁶² 5 year sentence with average of 25% time served, or 456 days.



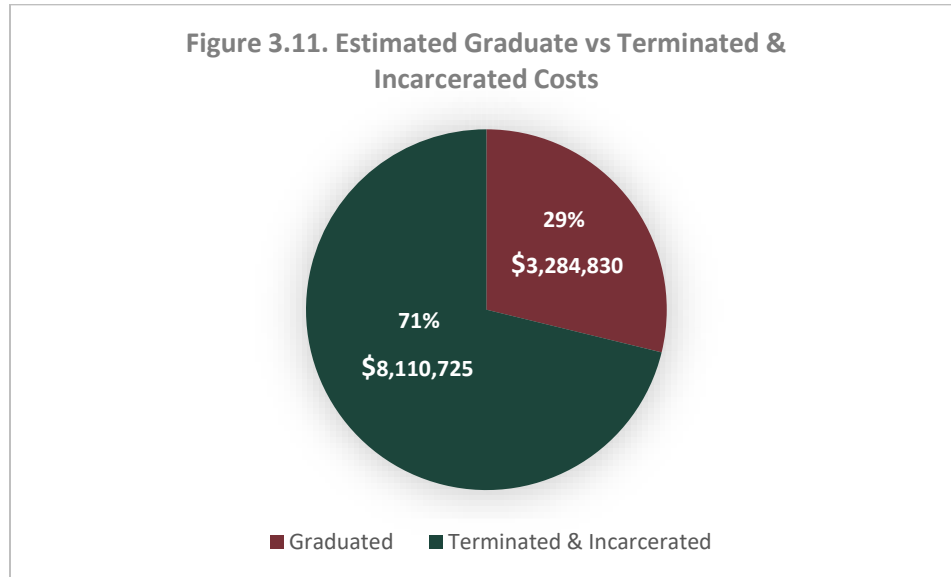
Although the first drug court in South Dakota began operation in 2007, UJS did not systemically collect relevant information in the Buffalo database until 2012. From July of 2012 to June of 2018, the number of participants admitted into the system totaled 709, which includes 223 participants that are currently active in the program. 241 participants have graduated from the program and 245 have terminated from the program (see Figure 3.10).



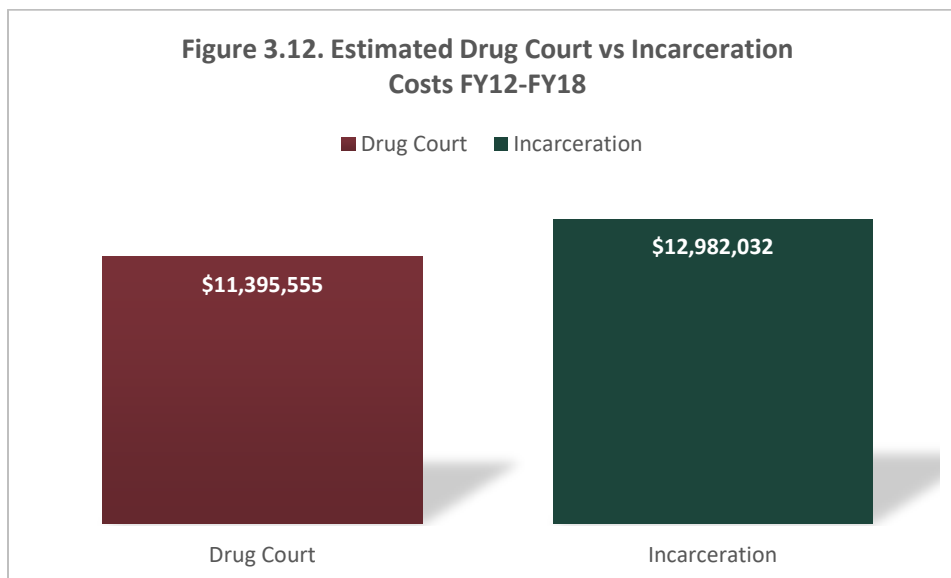
⁶¹ South Dakota Codified Law (SDCL) 24-15A-31.

⁶² The Department of Corrections estimated FY19 average weighted cost per day for Low and Medium level offenders is \$58.58. This equates to a yearly cost of \$21,382; The average daily cost of drug court across the state is \$22.83 per day, per client. This equates to a yearly cost of \$8,333.

Approximately 29% or \$3,284,830 has been spent on drug court graduates and an estimated 71% or \$8,110,725 has been spent on those participants who were terminated from the program and incarcerated (see Figure 3.11). Terminated participants have a higher cost, because the statewide average timeframe spent in drug court is 280 days, coupled with the cost to incarcerate with little to no credit for time served while in drug court.



The total estimated cost of serving 486 participants through the drug court program is \$11,395,555. In comparison, the total estimated cost of incarcerating the same participants would be \$12,982,032. There is a \$1,586,477 cost savings when sending participants to drug court (see Figure 3.12).



Secondary benefits also need to be considered when evaluating drug courts. Participants in drug court remain in their community. This means they can maintain employment and continue working so long as they adhere to the program requirements for treatment, testing, and monitoring. Many participants have children who are not displaced to live with family or enter foster care. Secondary benefits are difficult to quantify with accuracy. However, the cost avoidance to the state, community, family, and participants can be substantial (see Figure 3.13).

Figure 3.13. Secondary Benefits
Participant remains a Productive Member of the Community
Seek or Retain Employment Opportunities
Care for Dependent Children
Mentor others Struggling with Addiction
Drug Free Babies
Ability to Repay Debts
Future Crime Prevention

Since the inception of drug courts, 196 homeless participants were accepted into the program with 76% of those finding homes prior to graduation. In addition, 37 drug-free babies have been born while participants have been in the program. The cost savings from this statistic alone is substantial when considering the cost of premature births, fetal alcohol syndrome, and numerous illnesses linked to addiction.

Conclusions

When comparing the costs of sending a participant to drug court versus incarceration, there is significant savings with those participants who graduate from the program. These savings are tempered in combination with terminated participants who are incarcerated for their original offense. The secondary benefits of drug court are difficult to quantify with accuracy; however several residual costs are avoided when participants do not re-enter the prison system, hold down steady employment, raise healthy children, and remain productive members of society.

Limitations

Drug court and DUI court expenditures are not tracked separately in the State's accounting system. The individual costs per participant are tracked in the Buffalo system, however data was not available in a non-identifying electronic format.

Findings

Finding 1: Drug Courts' Fidelity Self-Assessments are Completed Quickly and Without Supporting Documentation.

Drug courts completed the initial fidelity assessments in 2016, thereafter drug courts began taking less time to complete them. Drug court teams do not provide on-going verification of standards with supporting documentation using existing data collection.

Finding One
Drug Courts' Fidelity
Self-Assessments are
Completed Quickly and
Without Supporting
Documentation.

Finding 2: Drug Court and DUI Court Expenditures are not Tracked Separately

Drug and DUI courts combine expenditures with no method in place to track expenditures separately in the State's accounting system. Starting in FY19, the coding of veterans and mental health courts' expenditures will be in the same budget unit.

Finding Two
Drug Court and DUI
Court Expenditures are
not Tracked Separately.

Recommendations

Recommendation 1: Utilize National Fidelity Tool When It Becomes Available and Evaluate Adherence to Best Practices and Standards.

The national tool is currently under development but will not be available to drug courts for an estimated three years. Once this verified tool becomes available, South Dakota drug courts should use it instead of their current fidelity assessment. The current fidelity assessment tracks the progress and identifies areas of improvement but is not validated and weighted according to relevant research. UJS should complete an evaluation of South Dakota's drug courts' adherence to best practices once the national tool becomes available. Drug court teams should spend more time completing the assessment and include supporting documentation to verify their ratings.

Recommendation 2: Complete Post-Entry Recidivism Analysis

A post-entry recidivism analysis tests whether judicial supervision by the drug court program can produce an immediate impact in preventing criminal behavior. The post-entry recidivism analysis would determine the recidivism rates for individuals after initial entry into the drug court program, while a comparison group would include individuals released to probation. The analysis would include up to three years post-entry into the program or on probation. The definition of recidivism in the post-entry analysis should include any new arrest after entry into the program or start of probation.

Benefits

The post-entry recidivism analysis would increase the number of participants available for analysis of the drug court program. The analysis would also determine whether the drug court program has an immediate impact on criminal behavior compared to standard probation.

Limitations

UJS does not currently track or keep any data regarding addiction diagnosis for those released to probation. Therefore, without knowing the addiction diagnosis for individuals released to probation, a comparison group would have both addicted and non-addicted individuals.

Recommendation 3: Conduct Post-Program Follow-up and Initial Recidivism Analysis

Each established drug court in South Dakota should complete an initial post-program recidivism analysis within the next few years provided more participants have progressed through each drug court program. The 2nd Circuit and Northern Hills drug court programs should complete a follow-up analysis. An initial or follow-up analysis could apply the same methodology used in this evaluation. With only two drug court programs included in this evaluation, it is unclear how each of the other drug court programs would perform on a similar analysis.

Benefits

A follow-up post-program recidivism analysis would increase the number of the participants included in the drug court program analysis. However, the primary reason for an initial analysis or follow-up is to determine the effects of drug court on participants after exiting the program to determine the cost advantage. A follow-up analysis would include more drug court participants in each of the out years of the program. Recidivism analysis provides a point-in-time analysis of the drug court program's recidivism; therefore, UJS could compare the results of a follow-up analysis with the results of this evaluation. The initial recidivism analysis for the other drug court programs will establish a comparison for future use as well as indicate whether the program is successful in reducing recidivism rates.

Limitations

The initial recidivism analysis for each drug court program would include a limited number of participants with up to three years out of the program or prison. If the program does not have enough participants with sufficient post-program time, the outcome may not be statistically significant.

Recommendation 4: Analyze the Effect of Some Exposure to Drug Court on Recidivism

Devall (2017) analyzed the effect of some exposure to drug court on recidivism by looking at recidivism for early, moderate, and late terminations from the drug court program. Devall (2017) suggests "that the length of time spent in the program (more than five months) is one factor that contributes to lower recidivism rates in the post-program period" (96). This analysis would determine whether the length of time spent in the drug court program would have any effect on recidivism rates.

Recommendation 5: Analyze Participants Who Abscond Within the First 30 Days of the Drug Court Program.

Examine participants who abscond within the first 30 days of the drug court program. Early engagement produces better outcomes. The first 30 days poses the highest risk of absconding, which generally leads to termination. The 2nd Circuit Drug Court has an absconding rate of 19% based on the total number of graduations and terminations, with only three graduations and 16 terminations within the group. If the drug court program can engage early with individuals and prevent them from absconding it is likely to produce more program success.

Recommendation 6: All Problem-Solving Court Expenditures Should be Coded to Separate Cost Centers.

Currently, the drug and DUI court combine expenditures with no method to track their expenditures separately. Starting in FY19, the veterans and mental health courts will have expenditures coded to the same budget unit. Creating new cost centers within each court would provide for more accuracy and enhance future evaluations.

Recommendation 7: Conduct an Evaluation of Treatment Within the State's Drug Court Programs

Treatment is essential to the success of any drug court program. The Western Interstate Commission for Higher Education (WICHE) completed a treatment assessment for UJS in 2013 but did not evaluate the treatment options available or the effectiveness of treatment. This evaluation did not analyze any treatment areas because it was outside the scope; however, since treatment is vital to the success of the drug court program, UJS should conduct an evaluation of treatment within the drug court program.

Conclusions

Conclusion 1: Drug Courts have a Fidelity Monitoring Process in Place.

The South Dakota Drug Court Standards committee developed a system for courts to document and monitor adherence to the best practices and standards. The Fidelity First Process utilizes a three-prong approach consisting of a fidelity self-assessment, peer review, and formal monitoring. The information gathered through this process improves areas that are not compliant and ensures that drug courts do not regress.

Conclusion One
Drug Courts have a
Fidelity Monitoring
Process in Place.

Conclusion 2: Drug Court Graduation is an Influential Predictor of Reduced Post-Program Recidivism.

In both drug court programs analyzed, graduates are less likely than both drug court failures and non-participants to recidivate in the post-program period. Northern Hills produced a 67.9% reduction in recidivism for graduates one-year post-program, while the 2nd Circuit Drug Court produced a 63.3% reduction. Drug courts graduating a large percentage of their participants will generally produce better outcomes.

Conclusion Two
Drug Court Graduation is
an Influential Predictor
of Reduced Post-
Program Recidivism

Conclusion 3: The Recidivism Outcome of the Drug Court Program Varies Across the State.

Although Northern Hills and the 2nd Circuit Drug Courts had lower recidivism rates than the comparison groups, the overall recidivism varied. One-year post-program recidivism was 14% for Northern Hills participants and 25% for the 2nd Circuit participants. Year two Northern Hills recidivism was 29% compared to the 2nd Circuit Drug Court at 35%. Possible reasons for the variation include differences in:

- Drug court *populations* served – The 2nd Circuit Drug Court served a higher ratio of females to males than Northern Hills, as well as a considerable difference in ethnic populations;
- Access to *treatment options*; or
- Drug court *policies and practices*.

Conclusion Three

The Recidivism
Outcome of the Drug
Court Program Varies
Across the State

Conclusion 4: Drug Courts Work: They Reduce Recidivism When Compared to Conventional Prison/Parole.

The two drug courts included in this evaluation reduced recidivism up to one year after program completion or exiting prison when compared to a group of individuals who went to prison and released on parole. The Northern Hills Drug Court one-, two-, and three-year post-program results provided statistically significant outcomes, while only year three of the 2nd Circuit Drug Court was statistically significant. The effects of drug court remain unclear regarding any cost advantage as more post-program time accumulates beyond three years or whether other drug courts in South Dakota observe similar effects.

Conclusion Four

Drug Courts Work: They
Reduce Recidivism When
Compared to
Conventional
Prison/Parole

Conclusion 5: Drug Courts are Cost Effective When Compared to Standard Incarceration.

When comparing the costs of sending a participant to drug court versus incarceration, there is a significant savings with those participants who graduate from the program. These savings are tempered in combination with terminated participants who are incarcerated for their original offense. The secondary benefits of drug court are difficult to quantify with accuracy; however several residual costs are avoided when participants do not re-enter the prison system, hold down steady employment, raise healthy children, and remain productive members of society.

Conclusion Five

Drug Courts are Cost
Effective When
Compared to Standard
Incarceration.

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Appendix A

Sample Drug Court Phases (HR/HN)

1

Acute Stabilization

- Court weekly
- Engaged with treatment
- Comply with supervision
- Develop case plan
- Weekly office visits
- Monthly home visits
- Random drug tests (at least 2x week)
- Address housing
- Obtain medical assessment
- Start changing people, places and things
- Curfew 9 p.m.

60 DAYS

2

Clinical Stabilization

- Court bi-monthly
- Engaged with treatment
- Comply with supervision
- Review case plan
- Weekly office visits
- Monthly home visits
- Random drug tests (at least 2x week)
- Begin peer recovery groups*
- Maintain housing
- Address financial issues
- Address medical
- Demonstrate changing people, places and things
- Curfew 10 p.m.

90 DAYS

3

Pro-Social Habilitation

- Court monthly
- Engaged with treatment
- Comply with supervision
- Review case plan
- Bi-monthly office visits
- Monthly home visits
- Random drug tests (at least 2x week)
- Address life skills
- Begin criminal thinking program
- Maintain peer recovery groups*
- Establish recovery network
- Establish pro-social activity
- Address medical
- Maintain housing
- Addressing financial issues
- Demonstrate changing people, places and things
- Curfew 11 p.m.

90 DAYS

4

Adaptive Habilitation

- Court monthly
- Engaged with treatment
- Comply with supervision
- Review case plan
- Bi-monthly office visits
- Monthly home visits
- Random drug tests (at least 2x week)
- Continue criminal thinking program
- Maintain peer recovery groups*
- Maintain pro-social activity
- Maintain housing
- Addressing financial issues
- Maintain recovery network
- Address medical
- Begin job or vocational training, job search, or school
- Address ancillary services (i.e. parenting, family support)
- Demonstrate changing people, places and things
- Curfew 12 a.m.

90 DAYS

5

Continuing Care

- Court monthly
- Engaged with treatment
- Comply with supervision
- Review case plan
- Monthly office visits
- Monthly home visits
- Random drug tests
- Complete criminal thinking program
- Develop continuing care plan
- Maintain peer recovery groups*
- Maintain recovery network
- Maintain pro-social activity
- Maintain housing
- Addressing financial issues
- Address medical
- Maintain employment, vocational training, or school
- Address ancillary services (i.e. parenting, family support)
- Demonstrate changing people, places and things

90 DAYS

* If applicable



NDCI
NATIONAL DRUG
COURT INSTITUTE

Phase Advancement Criteria (HR/HN)

To Apply For:

Phase 2:

- Minimum of 60 days since opting in with contract
- Minimum of 14 days clean time
- Engaged in treatment
- Compliance with supervision

Phase 3:

- Minimum of 90 days in Phase 2
- Minimum of 30 days clean time
- Engaged in treatment
- Compliance with supervision

Phase 4:

- Minimum of 90 days in Phase 3
- Minimum of 45 days clean time
- Engaged in treatment
- Compliance with supervision
- Establish pro-social activities
- Establish recovery network
- Maintain peer recovery groups*
- Begin criminal thinking program

Phase 5:

- Minimum of 90 days in Phase 4
- Minimum of 60 days clean time
- Engaged in treatment
- Compliance with supervision
- Engaged pro-social activities and recovery network
- Addressing/engaging employment, education, job training, etc.
- Continue criminal thinking program
- Address ancillary services (i.e. parenting, family support)

To Apply to Graduate

- Minimum of 90 days in Phase 5
- Minimum of 90 days clean time
- Engaged in treatment
- Compliance with supervision
- Maintain pro-social activities and recovery network
- Maintain employment, vocational training or school
- Address ancillary services (i.e. parenting, family support)
- Articulate continuing care plan

* If applicable



NDCI
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Appendix B

Best Practice Standard V — Substance Abuse Treatment

Participants receive substance abuse treatment based on a standardized assessment of their treatment needs. Substance abuse treatment is not provided to reward desired behaviors, punish infractions, or serve other nonclinically indicated goals. Treatment providers are trained and supervised to deliver a continuum of evidence-based interventions that are

		NOTES
C Team Representation		
One or two agencies are primarily responsible to manage delivery of service		
Mental health representation is clinically trained		
Substance abuse treatment representation is clinically trained		
Core team member treatment providers regularly attend staff meetings and court hearings		
Client information is conveyed to the Drug Court team in an efficient and timely manner		
H Provider Training & Credentials		
Mental health representation is licensed and certified		
Substance abuse treatment representation is licensed and certified		
Treatment providers receive three days of preimplementation training		
Treatment providers receive periodic booster trainings		
Treatment providers receive monthly individualized supervision and feedback		
Treatment providers maintain fidelity to evidence-based treatments		
Treatment providers have experience working with the criminal justice population		
D Treatment Dosage and Duration		
Participants receive six to ten hours of counseling per week during the first phase of treatment		
Participants receive approximately two-hundred hours of counseling over nine to twelve months		
Treatment is flexible to allow for individual needs and differences of the participants		
E Treatment Modalities		
Participants receive one individual counseling session with treatment or case manager per week during the first phase of the program		
Participants are screened for their suitability for group-based services		
Treatment groups have a minimum of four participants		
Treatment groups do not exceed twelve participants		
Treatment groups have two facilitators		
Group membership is based on gender, trauma, and co-occurring psychiatric symptom		
Services are offered to participants who require individualized sessions or specialized groups		
I Peer Support Groups		
Participants regularly attend self-help or peer support groups in addition to counseling		
Self-help and peer support groups follow a structured model or curriculum (12-Step model, Smart Recovery model)		
Participants attend a facilitated preparatory group to know what to expect before starting peer support groups		
Treatment providers provide participants with an evidence-based preparatory intervention (12-Step Facilitation Therapy)		
A Continuum of Care		
Participants have access to detoxification services		
Participants have access to residential services (inpatient, medically monitored)		
Participants have access to sober living services		
Participants have access to day treatment services (Slip/Slot, halfway house)		
Participants have access to intensive outpatient services		
Participants have access to outpatient services		
All participants' level of care is based on a treatment needs assessment or reevaluation		
Participants receive the level of care that is warranted from their assessment results		
All participants receive equivalent services		

100%	Compliant
99%-80%	Partially Compliant
79%-0%	Non-Compliant

F Evidence-Based Treatments		
Participants receive behavioral or cognitive-behavioral counseling interventions		
Interventions are documented in treatment manuals		
Treatment providers are trained to deliver the interventions reliably according to the manual		
Fidelity to the treatment model is maintained through continuous supervision of the treatment providers		
B In-Custody Treatments		
Participants are not incarcerated to obtain access to detoxification services		
Participants are not incarcerated to obtain access to sober living quarters		
Treatment providers administer in-custody treatment		
G Medications		
Participants have access to medically assisted treatment		
Treating physicians have expertise in addiction psychiatry, addiction medicine, or a closely related field		
Participants are prescribed psychotropic or addiction medication by a medical professional based on medical necessity		
J Continuing Care		
Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care		
Participants prepare a continuing care plan together with their counselor to ensure they will continue to engage in prosocial activities and remain connected with a peer support group after Drug Court		
For at least the first ninety days after discharge from the Drug Court, treatment providers attempt to contact previous participants periodically to check on their progress, offer brief advice and encouragement, and provide referrals for additional treatment when indicated		
Total Compliance:		91%

100%	Compliant
99%-80%	Partially Compliant
79%-0%	Non-Compliant

Sioux Falls Drug Court

Best Practice Standard

Substance Abuse Treatment: Peer Support Groups

Project Status: Off Track

Peer Rerview/Paperwork Edits

Kallie		Tasks	Project Completed By: [DATE]											
K	1	Reach out to Choices Recovery regarding facilitating the MAAEZ group		12										
	2			21										
K	3	Schedule meeting with Bev to discuss the program		21										
K	4	Prepare materials to dicuss (MAAEZ manual, homework, etc)		25										
K	5	Sit down and meet with Choices Recovery		31										
K	6	Follow-up for additonal questions Choices may have			6									
K	7	Be prepared for alternative route with Southeastern if needed				1								
K	8	Reach out and set meeting with Southeastern				5								
K	9	Prepare materials to dicuss (MAAEZ manual, homework, date, time and location sessions)				10								
K	10	Bring decision and start date to team				15								
Josh (SE)	11	Begin MAAEZ program					1							
	12													
	13													
	14													
	15													
	16													
	17													
	18													
Concerns:			June	July	August	September	October	November	December	January	February	March	April	May
			x	Planned Time Frame										
			x	Task is Completed										
			x	At Risk (task is at risk of falling behind schedule)										
			x	Off Track (task is behind schedule)										

Agency Response



Supreme Court
STATE OF SOUTH DAKOTA

David Gilbertson
CHIEF JUSTICE

November 2, 2018

South Dakota Legislature Executive Board
State Capitol
500 E. Capitol Avenue
Pierre, SD 57501

Re: Drug Court Program Evaluation Report

Dear Members of the Executive Board:

Please consider this correspondence as the official response of the Unified Judicial System (UJS) to the Drug Court Program Evaluation Report.

I first wish to express my appreciation for the time and effort put into the Report by both the Legislative Research Council staff and the UJS employees that responded to the data and information requests to bring this report to fruition. It was a significant endeavor over a relatively short period of time. Given the importance of these programs, having an additional perspective is certainly welcome. You may have heard it from me in many different settings, but it is worth reiterating: these programs save lives, reduce overall costs and serve as a significant resource in South Dakota's fight against substance abuse addiction.

In reviewing the Report, I am pleased that the general nature of the Report is very consistent with the statements and information the UJS has publicly provided concerning our Drug Court Programs.

- Drug Courts Reduce Recidivism
- Drug Courts are Cost Effective
- Drug Courts Work to Ensure Fidelity to the Model

These programs not only work, but work effectively and with a significant cost savings to the taxpayers of South Dakota. In reviewing the Report, I believe it highlights the need to make sure our Drug Court Programs continue to follow best practices so we can realize the full

November 2, 2018

Re: Drug Court Program Evaluation Report

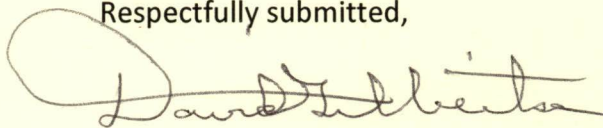
benefit of these programs. While I believe that every location across the state that can support a Drug Court currently has one, the current drug epidemic will increase our need to be able to serve additional clients and deliver the same results.

As an example, the recommendations of the Report related to the need to adopt a national fidelity tool is certainly an area that has been on our radar; we intend to proceed that way pending review of the national work once it is finalized. As the Report points out, we have created a process to address fidelity to the Drug Court model in the interim but utilizing a nationalized normed and validated instrument could certainly increase our ability to ensure the integrity of our Drug Court's operations.

In reviewing the Report, I also recognize the limitations of attempting to assess long-term results from a program that has grown significantly over a relatively short period of time. This reinforces the need for the UJS to continue to monitor the indicators of Drug Court success as more participants complete the program and our data pool becomes more robust. In addition, given the scope of these programs we recognize that not every area could be addressed. For instance, we believe the challenge of providing a full array of treatment to the participants in these programs in our more rural areas remains one of our most significant obstacles.

The Report reinforces the need for the UJS to remain adaptive to the current trends we are seeing statewide related to drug abuse. Our programs will need to continue to expand and embrace changes related to drugs of choice, innovations in evidence-based treatment and best practices to ensure success. To that end the UJS will share the information garnered from the Report internally with our staff and Drug Court personnel and with our Drug Court Advisory Council for further review and action.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "David Gilbertson", with a large, stylized initial "D" and a horizontal line extending across the signature.

David Gilbertson
Chief Justice, South Dakota Supreme Court

cc: Governor Dennis Daugaard
Liza Clark, Commissioner, Bureau of Finance and Management
Tamara Darnall, Legislative Research Council